September 2, 2021

BRENT S. SCOTT

WRITER'S DIRECT DIAL 314-655-4718 BSCOTT@CASSIDAY.COM

VIA EMAIL ONLY DOC. ARBLegalReg@illinois.gov Illinois Department of Corrections P.O. Box 19277 1301 Concordia Court Springfield, IL 62794

Re:

JEFF MCGRAW, #Y38458 v. MARY PEEKS, A. DAVID, WARDEN MITCHELL, and

WEXFORD HEALTH SOURCES 3:21-cv-00800-SMY Court No.:

Our File No.: 048928/21061/TPD/BSS

Dear Sir or Madam:

This firm represents Alfonso David and Wexford Health Sources, Inc. in an action brought by JEFF MCGRAW, #Y38458. In preparing this case for trial, we need to obtain CERTIFIED copies of all records listed on the attached Subpoena concerning JEFF MCGRAW, #Y38458. Please note that we need these records no later than October 4, 2021.

Also enclosed is an Order of the Court, permitting the release of records to our office. It is our understanding you will mail these records to our office, in lieu of appearing for a deposition. In addition, as the Records Custodian, please read and execute the enclosed Affidavit. If the records are returned without a properly executed Affidavit, it will increase the likelihood that a representative of your facility will have to appear before the Court to certify the records.

If you should have any questions or concerns, please contact me. Any charges associated with this request should be billed to this firm and directed to my attention. Thank you for your assistance.

Sincerely,

Cassiday Schade LLP

Brent S. Scott Enclosure

cc:

Jeff McGraw, #Y38458

R. Levi Carwile

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9951144 BSCOTT;MJANINI



ISTRICT COURT CT OF ILLINOIS				
Civil Action No. 3:21-cv-00800-SMY				
Judge Staci M. Yandle				
ITS, INFORMATION, OR OBJECTS PREMISES IN A CIVIL ACTION				
nt of Corrections, 1301 Concordia Court,				
roduce at the time, date, and place set forth below mation, or objects, and permit their inspection, ievance and related documents submitted by Jeff ions, decisions of the Administrative Review Board istory from August 30, 2019 to the present				
Date and Time: October 4, 2021				
Inspection of Premises: YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.				
Place: Date and Time:				
The provisions of Fed. R. Civ. P. 45(c), relating to your protection as a person subject to a subpoena, and Rule 45 (d) and (e), relating to your duty to respond to this subpoena and the potential consequences of not doing so, are attached.				
OR 31				
ty Clerk Attorney's Signature				
of the attorney representing (name of party) DAVID, and MARY PEEKS, who issues or requests om), Cassiday Schade LLP, 100 North Broadway,				

(Page 2)		
Civil Action No. 3:21-cv-0080	00-SMY	
(This section should n		F OF SERVICE he court unless required by Fed. R. Civ. P. 45.)
This subpoena for (name	of individual and ti	itle, if any)
was received by me on (date)		·
I served the subpoen	a by delivering a	copy to the named person as follows: Individual in
_	-	orrections, 1301 Concordia Court, Springfield, IL
		oriodions, 1901 concordia court, opinignoid, 12
62794 via email on Sep	ember 2, 2021.	
	dered to the with	half of the United States, or one of its officers or ness fee or one day's attendance, and the mileage
My fees are \$ for	travel and \$	for services, for a total of \$
I declare under penalty of	perjury that this in	formation is true.
September 2, 2021 Date:		Michele Janini
		Server's Signature
		Michele Janini, Paralegal
		Printed Name and Title
		Cassiday Schade LLP 100 North Broadway, Suite 1580
		St. Louis, MO 63102 Server's Address
		Derver a nauresa

Additional information regarding attempted service, etc.:

Federal Rule of Civil Procedure 45 (c), (d), and (e) (Effective 12/1/07)

- (c) Protecting a Person Subject to a Subpoena. (1) Avoiding Undue Burden or Expense; Sanctions. A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The issuing court must enforce this duty and impose an appropriate sanction which may include lost earnings and reasonable attorney's fees on a party or attorney who fails to comply.
 - (2) Command to Produce Materials or Permit Inspection.
- (A) Appearance Not Required. A person commanded to produce documents, electronically stored information, or tangible things, or to pennit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.
- (B) Objections. A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing or sampling any or all of the materials or to inspecting the premises or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:
- (i) At any time, on notice to the commanded person, the serving party may move the issuing court for an order compelling production or inspection.
- (ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance. (3) Quashing or Modifying a Subpoena.
- (A) When Required. On timely motion, the issuing court must quash or modify a subpoena that:
 - (i) fails to allow a reasonable time to comply;
- (ii) requires a person who is neither a party nor a party's officer to travel more than 100 miles from where that person resides, is employed, or regularly transacts business in person except that, subject to Rule 45(c)(3)(B)(iii), the person may be commanded to attend a trial by traveling from any such place within the state where the trial is held;
- (iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or
 - (iv) subjects a person to undue burden.
- (B) When Permitted. To protect a person subject to or affected by a subpoena, the issuing court may, on motion, quash or modify the subpoena if it requires:
- (i) disclosing a trade secret or other confidential research, development, or commercial information;
- (ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party; or
- (iii) a person who is neither a party nor a party's officer to incur substantial expense to travel more than 100 miles to attend trial.
- (C) Specifying Conditions as an Alternative. In the circumstances described in Rule 45(c)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:
- (i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and
- (ii) ensures that the subpoenaed person will be reasonably compensated.

- (d) Duties in Responding to a Subpoena.
- (1) Producing Documents or Electronically Stored Information.

 These procedures apply to producing documents or electronically stored information:
- (A) Documents. A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.
- (B) Form for Producing Electronically Stored Information Not Specified. If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.
- (C) Electronically Stored Information Produced in Only One Form. The person responding need not produce the same electronically stored information in more than one form.
- (D) Inaccessible Electronically Stored Information. The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.
- (2) Claiming Privilege or Protection.
- (A) Information Withheld. A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:
- (i) expressly make the claim; and (ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.
- (B) Information Produced. If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information to the court under seal for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.
- (e) Contempt. The issuing court may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena. A nonparty's failure to obey must be excused if the subpoena purports to require the nonparty to attend or produce at a place outside the limits of Rule 45(c)(3)(A)(ii).

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS

JEFF MCGRAW, # Y38458,)))	
	Plaintiff,)) Ca	se No. 21-CV-800-SMY
vs.)	
MARY PEEKS, ET	AL,)	
	Defendants.	<i>)</i>)	

HIPAA QUALIFIED PROTECTIVE ORDER

YANDLE, District Judge:

The Court finds that good cause exists for the entry of a Qualified Protective Order pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") to prevent the unauthorized disclosure and to direct the use of protected health information during the course of this litigation. Accordingly, IT IS ORDERED:

- All records produced by the parties to this litigation are produced subject to this
 Order.
- 2. This Order applies to any records produced by a covered entity, as defined by 45 C.F.R. 160.103, which has received a request or subpoena for protected health information.
- 3. During the course of this litigation, it may be necessary for the parties or their attorneys to disclose Plaintiff's protected health information, as that term is defined under HIPAA and the Federal Regulations promulgated pursuant to that Act.

- (a) All protected health information disclosed by any of Plaintiff's healthcare providers shall be used for the sole purpose of preparing for or conducting this litigation, including but not limited to investigation, consultation, discovery, depositions, trial preparation, trial, appeal, resolution, mediation, or uses incidental to the proceeding in this case and shall not be disclosed or revealed to anyone not authorized by this Protective Order.
- (b) Protected health information pursuant to this HIPAA Qualified Order may include information related to sexually transmitted disease, genetic testing, HIV, behavioral or mental health services, and treatment for alcohol and drug abuse.
- (c) Protected health information may be disclosed without further notice by any covered entity or healthcare provider, party or parties' attorney, to:
 - (1) The parties themselves, parties' attorneys, experts, consultants, any witness or other person retained or called by the parties, treating physicians, other healthcare providers, insurance carriers, or other entities from whom damages, compensation, or indemnity is sought and any entity performing, monitoring, or providing adjustment activities on behalf of such insurance carrier or other entity and/or their employees, agents, or third party administrators for any of the parties involved in the litigation; in any proceeding for health oversight activities as permitted under 45 C.F.R. 164.512, court reporters, copy services, other similar vendors to the parties and their attorneys, as well as the professional and support staff of the above.
 - (2) The parties, and each entity governed by this Order, shall either (a) destroy, or (b) return to the entity who originally produced it, all protected health information, including all copies made; provided, however, that said protected health information may be retained in the files of the entities listed in paragraph (1) above and may be destroyed pursuant to their regular file retention policies so long as the protected health information is maintained in a secure environment.

IT IS SO ORDERED.

DATED: 8/17/2021

s/ Staci M. Yandle,
Staci M. Yandle
United States District Judge

STATE OF ILLINOIS)
COUNTY OF Sang amov)

AFFIDAVIT OF CUSTODIAN OF GRIEVANCE RECORDS

Before me, the undersigned Notary Public, personally appeared Travis Bayler, who, being by me duly sworn, deposed as follows:

My name is ______ (Custodian of Records), I am of sound mind, capable of making this affidavit, and personally acquainted with the following facts:

I am a custodian of the records of the Administrative Review Board, Illinois Department of Corrections, hereinafter "the Board." Attached to this affidavit are 52 pages of records from the Board regarding JEFF MCGRAW, #Y38458. These 52 pages of records are kept by the Board in the regular course of business, and it was the regular course of business of the Board for an employee or representative of this facility to make a record of or to transmit information thereof to be included in such record; and the record was made at or near the time of the act or event. The records attached hereto are the original or exact duplicates of the original.

Affiant

IN WITNESS WHEREOF I have hereunto subscribed my name and affixed my official

seal this 3rd day of acptem 22021

Notary Public

My Commission Expires: 10 4 22

OFFICIAL SEAL JODY CORSO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:10/04/22

						The state of the s
	Hearing/Rec Igrv	- Igr	Hearing Chair	Chair	Mail	
Igrv Code	Date	Loc	Loc	Code	Code	Comments Field
MEDICAL	08/26/2021 PON	PON	PON	TRBA	ŋ	GRV# 092495. GRVS NEED FOR ADEQUATE MEDICAL TX FOR SEVERE PAIN DUE TO
MEDICAL	07/14/2021 / SHA	SHA	PON	DEKN	ഗ	RGF;PTF; GRV #92121 DTD 4/15/21 GRVS RECEIVED INADEQUATE MEDICAL CARE A
MEDICAL	04/20/2021 / SHA	SHA	SHA	SAJO	ග	GRV #2020-07-15 GRVS MRS. SANDUSKY, 6/26/20 TOLD HIM HE WAS NOT SMI, MS B
MEDICAL	03/16/2021 V SHA	SHA	PON	DEKN	ശ	RGF;PTF;EGRV# 202011108E DTD 11/25/2020 GRVS DENIED TREATMENT FOR BLADI
MEDICAL	03/16/2021 / SHA	SHA	PON	DEKN	ഗ	EGRV# 2020-12-42E 12/8/2020 GRVS BEING REFUSED MEDICAL ATTENTION FOR EN
DR	03/08/2021 VSHA	SHA	PON	DEKN	ŋ	RGF;PTF;(2)GRVS #2020-06-69 & #2020-07-56 GRVS INC #20200588/1-SHA ON 6/8/20;
MEDICAL	02/04/2021 SHA	SHA	SHA	TRBA	O	RGF: GRV #2020-06-96 GRVS INADEQUATE MED TX/ DELIBERATE INDIFFERENCE. G
MEDICAL	11/24/2020 SHA	SHA	SHA	WAKU	Ŋ	EGRV # 202005156E DATED 5/21/20. ON TX FOR NERVE DAMAGE TO ARM (R). THE P
MEDICAL	11/02/2020 / SHA	SHA	SHA	WAKU	ര	GRV #20202119E: GRVS HE IS NOT BEING GIVEN EFFEXOR MEDICATION DUE TO CL

IGRV Inmate History

J.B. Pritzker Governor



Rob Jeffreys Director

The Illinois Department of Corrections

		1301 Concordia Court, P.O. Box 19277 • Springfi	eld, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
N	lame:	McGraw, Jeff	8/26/21
IE	D# :	Y38458	Date
F	acility:	Pontiac	
a fo	ormal hea direct revi	sponse to your grievance received on 8/23/21 aring. A review of the Grievance, Grievance Officer/CAC ew by the ARB, a review of the Grievance has been con regarding: Grievance dated: 5/9/21 Grieva	
			Gliev Loc.
L		er denied by the Facility	
] Dietar		
] Persoi	nal Property	
] Mailro	om/Publications	
	Assign	ment (job, cell)	
] Comm	issary / Trust Fund	
		Medical Treatment - treatment for pain in pelvis/scr	
Base	ed on a r	eview of all available information, this office has det	ermined your grievance to be:
	Affirme	d, Warden is advised to ea written response of corrective action to this office by	 Denied as the facility is following the procedures outlined in DR525.
	Denied decisio	, in accordance with DR504F, this is an administrative	☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
	Denied	, this office finds the issue was appropriately sed by the facility Administration.	Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.
	Other:	Per HCUA, patient seen and evaluated at UIC Urolog	
Tr	reatment	is at the discretion of IDOC Physicians. Grievant ma	y submit a request to healthcare for any issues that arise.
			2 0
FO	R THE BO	OARD: Aravis Bayler	CONCURRED: Pob Cally Jeldo (Rob) Jeffreys
		Admińistrative Review Board	Director//
CC:	Warden		
	McGrav	v, Jeff, ID# <u>Y38458</u>	

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 10 of 59 Page ID #391 ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE **Grievance Officer's Report** Grievance # (optional): 092495 Date of Review: 08/10/2021 Date Received: 05/25/2021 ID#: Y38458 Offender: McGraw, Jeff Nature of Grievance: Medical Treatment- DR TILDEN (CONDUCT 5/6/21); INADEQUATE MEDICAL ASSISTANCE Facts Reviewed: Individual in Custody grieves medical treatment by facility HCU. The HCU Administrator's response, dated 8/8/2021, the grievance dated 5/9/2021 was read and the applicable medical record was reviewed. I am responding to your grievance as indicated above; On 6/2/2021 patient was seen and evaluated at UIC Urology. Current medications are Ultram 50mg BID and Ditropan 5mg BID. If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. Once HCU has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call.

Recommendation:

Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the Individual in Custody's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgment upon the issue that when returned for cause would have no practical effect upon the existing controversy.

H. Cox	H. Cox 8532
Print Grievance Officer's Name	Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

		Chief Administrative Off	ficer's Response		
Date Received:	8-12-21	I concur	☐ I do not concur	Remand	
Action Taken:			RECEIV	ED	
			AUG 2 3 202	1	
			ADMINISTRAT REVIEW BOA		
	Chie	Administrative Officer's Signature	CKON GL	8-12-2 Date	1
		Off Inde Associate	The Divertor		

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

0	f the original gri	evance, including the counselor's response it applicable, and any permission
	Nell	Mchaw
-	1991	Offender's Signature

Y38458

3-17-21

Date

Case 3:21-cv-00800-SMY-RJD Document 37-2 Pontiac Correctional Center	180	0 510 000
Assigned Grievance #/Institution:	Housing Unit	Bed # 903
1st Lvi rec: MAY 1 4 2021 ILLINOIS DEPARTMEN Offender's	Grievance	2nd Lvl rec:
Date: Offender (please print): 5-9-21 Jeff McGraw	ID#: Y38458	Race (optional):
Present Facility: Correctional Center	Facility where grievance issu	
Nature of grievance: ☐ Personal Property ☐ Mail Handling ☐ Mail Handling	Medical Treatment AD	A Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ F	HIPAA ☐ Re	storation of Sentence Credit
	quate Medical, Deliber	rate Indifference.
Date of report	Facility when	e issued #
Note: Protective Custody Denials may be grieved immediately via th	e local administration on the prote	ctive custody status notification.
Complete: Attach a copy of any pertinent document (such as a Disciplocked receptacle marked "grievance":	olinary Report, Search Record, etc) and place in the designated
Counselor, unless the issue involves discipline, is deemed an e	mergency, or is subject to review	by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the pre Chief Administrative Officer, only if EMERGENCY grievance		
Mail to Administrative Review Board, only if the issue involves issues from another facility except medical and personal propert	y issues, or issues not resolved by	the Chief Administrative Officer.
Summary of Grievance (Provide information including a description of what happeach person involved):		A
On 5-6-21 i was sent to Her	1th care for wrong	ent care. Thy
that i am in severe pain due to but	let fragments bein	
Pelvis and scrotury. Tilden told me	11 1 1 1	arut important
whi am scheduled to see a unologist.	I am Weep being	told i gm
scheduled to see some body and this	te medical assistance	e. Or Tilder out me
at postice that in recitiving a dequa	16 1-169/64/ WJS/5/ 55/6	Continued on reverse
Rellet Requested: Plase give me adequate medical ass	istance. Investi	gate Wexford.
Check only if this is an EMERGENCY grievance due to a substantial risk of in	nminent personal injury or other seriou	s or irreparable harm to self.
Check if this is NOT an emergency grievance.	2 211 (0	5 9 21
Offender's Signature	5842 8 ID#	Date
(Continue on reverse	side if necessary)	
Counselor's Response (if applicable) Date Received: 5/17/ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO E	Send directly to Grid 30x 19277, Springfield, IL 62794-9277	evance Officer
Response:	smodmond a.	nd should be
This issue pertains to medical forwarded directly to the	grievance	office.
	-	
A Dietz CU Print Counselor's Name	Sign Counselor's Name	5/17/2/ Date
Note to offender: If you disagree with the counselor's response, it is your response	sibility to forward grievance with coun	selor's response to the gnevance officer.
EMERGENCY REVIEW: Date Received:		AUG 2 3 2021
Is this determined to be of an emergency nature: Yes, expedite emergency grievance	a a a	A TO A LINE TENTINE
No, an emergency is not substantiated. Offender should submit this grievance	e according to standard grievance proc	REVIEW BOARD
Chief Administrative Officer's Signature Page 1 of	2	DOC 0046 (Rev. 01/2020)

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 12 of 59 Page ID #393

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Mª (mu) . All	Y38458
Last Name First Name	MI ID#
Facility: Pontrac	
·	•
□ Grievance: Facility Grievance # (if applicable) 93/3/ Dated: 6/10/3/ or □ Received: 7//3/3/ Regarding: 1000100000000000000000000000000000000	Correspondence: Dated:
Received: 7/12/21 Regarding: Inadequate Medical freatment	Le Shunee
Date	
The attached grievance or correspondence is being returned for the following reasons:	
Additional information required:	
☐ Provide your original written Offender's Grievance, DOC 0046, including the counselo	or's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievant Administrative Officer's response, to appeal; if timely.	rievance Officer's and Chief
Provide dates when incidents occurred.	•
Unable to determine nature of grievance or correspondence; submit additional specific attached grievance or correspondence with the additional information requested to:	
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfi	eid, iL 02794-9211
Misdirected:	
Contact your correctional counselor or Field Services regarding this issue.	
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the re offender grievance process outlined in Department Rule 504 for further consideration.	quest is denied by the facility, utilize the
Contact the Record Office with your request or to provide additional information.	
Personal property and medical issues are to be reviewed at your current facility prior t Board.	o review by the Administrative Review
Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., S	Suite A, Springfield, IL 62706
No further redress:	
Award of Earned Discretionary Sentence Credit is a discretionary administrative decis addressed further.	ion; therefore, this issue will not be
Administrative transfer denials are discretionary administrative decisions; therefore, the	is issue will not be addressed further.
Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue	
Administrative Review Board received the appeal 30 days past date of Chief Administ issue will not be addressed further.	rative Officer's decision; therefore, this
This office previously addressed this issue on	
☐ No justification provided for additional consideration.	
	,
Other (specify):	
	1.161
Completed by: Debbie Knauer Lebbut Debbie Knauer	7/14/2/
Print Name Signature	Date

Distribution: Offender Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE

Date of Review: 06/01/2021	`	Grievance Officer's Report	
Nature of Grievance: Medical Treatment- INADEQUATE MEDICAL CARE AT SHAWNEE C.C. Facts Reviewed: Offender grieves medical treatment by facility, HCU. The HCU Administrator's response, dated 6/1/2021, the grievance dated 4/15/2021 was read and the applicable medical record was reviewed. I am responding to your grievance as indicated above; On 4/5/2021 offender was seen in Urgent Care with Dr. Tilden. Offender had a medication issue and questions concerning an x-ray. Offender returned medication card of Ditropan. Offender was prescribed Mobic 15mg x 3 months. X-ray results discussed. UIC Urology appointment pending for this issue. If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. Once HCU-has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call. Recommendation: Based upon a total review of all available Information, it is the recommendation of this Grievance Officer that the offender's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgement upon the issue that when returned for cause would have no practical effect upon this existing controversy. M. Hedrick 3003 Pate Toreverso Officer's Name (Alexander Consource, Including consistance Reviewed Pappinish) Chief Administrative Officer's Response Date Received: Officer findings for Clind Administrative Officer's Response Chief Administrative Officer's Response Officer findings for Clind Administrative Officer's Response of the officer findings for fin	Date Received: 05/17/2021	Date of Review: 06/01/2021	Gilevance # (optional).
Medical Treatment- INADEQUATE MEDICAL CARE AT SHAWNEE C.C. Facts Reviewed: Offender grieves medical treatment by facility HCU. The HCU Administrator's response, dated 6/1/2021, the grievance dated 4/15/2021 was read and the applicable medical record was reviewed. I am responding to your grievance as indicated above; On 4/5/2021 offender was seen in Urgent Care with Dr. Tilden. Offender had a medication issue and questions concerning an x-ray. Offender returned medication card of Ditropan. Offender was prescribed Mobic 15mg x 3 months. X-ray results discussed. UIC Urology appointment pending for this issue. If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. One HCU has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call. Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the offender's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgement upon the issue that when returned for cause would have no practical effect upon the existing controversy. M. Hedrick 3003 Paid Grevance Officer's Medical Administrative Officer's Response Chief Administrative Officer's Response Chief Administrative Officer's Response I do not concur Remand Review BOARD Revi	Offender: McGraw, Jeff		ID#: Y38458
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· Assigned Grievance #/Institution:	t t	₩. He	using Unit: <u>Carl</u>	- / A-N A
IstLylrec: MAY 0.5 2021	ILLINOIS DEPARTME	NT OF CORRECTIONS	2nd	MAY 17 2021
Date: Offender (plea		ID#: 738458		Race (optional):
Present Facility: ()		Facility where grieve	ince Issue occum	ed:
Nature of grievance:	rectional. Center	Shawnee	correctio	rd Center
Personal Property	☐ Mail Handling ☐	Medical Treatment	ADA Disabi	ity Accommodation
Staff Conduct	☐ Dietary ☐	HIPAA	Restoration	of Sentence Credit
☐ Transfer Denial by Pacility	Other (specify):	Secretary Marin		*
Disciplinary Report				#
	Date of report		cility where issued	
Note: Protective Custody Denials may				
Complete: Attach a copy of any pertiner locked receptacle marked "grievance":	it document (such as a Dis	ciplinary Report, Search Re	cord, etc.) and pla	ce in me designated
Councelor unless the issue invol	ves discipline, is deemed ar	emergency, or is subject	o review by the Adi	ninistrative Review Board
Grievance Officer, only if the issu Chief Administrative Officer, on	Wif FMFRGENCY drievance	grandes and Archester and State of the	til a selvener i sek	
Mail to Administrative Review B	oard, only if the issue involved medical and personal prope	es protective custody, invo arty issues, or issues not re	solved by the Chie	Administrative Onicer.
Summary of Grievance (Provide information in	cluding a description of what he	ppened, when and where it ha	ppened, and the nam	e or identifying information fo
each person involved):	in At to HCY	for a follow	up abou	it a x-rayi
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surgery to get them.	removed. I bee	1 Complating		ice correction
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Check if this is NOT an emergency grievand				1001
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Offender's Signature		se side if necessary)		
Counselor's Response (if applicable)			lly to Grievance C	Officer
Outside jurisdiction of this facility. Send to: A				
Response:		\sim		0 1 10
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a Dietz (C)		Sign Counselor's Name	<u> </u>	-5/5/202/
Note to offender: If you disagree with the couns	alada mananna H In cocco maine		with counselor's rest	conse to the grievance officer
S. C. Treastrate		resulting to tollinin gitorollo	R	CEIVED
EMERGENCY REVIEW: Date Received:	-(-/	A	PR 2 0 2021	JUL 12 2021
Is this determined to be of an emergency nature: Yes, expedite emergency grievance		PR 16 2021		
No, an emergency is not substantiated. Offe	inder should submit this griever	nce according to standard grie	vance procedure A∏ □	MINISTRATIVE EVIEW BOARD
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Chief Adm	inistrative Officer's Signatur	8	Dat	9 DOC 0048 (Rev. 01/2020)

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 16 of 59 Page ID #397

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J.B. Pritzker Governor



Rob Jeffreys Acting Director

The Illinois Department of Corrections

****	1	301 Concordia Court, P.O. Box 19277 • Springfie	eld. IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Of	ffender:	McGraw, Jeff	4/20/21
ID	#:	Y38458	Date
Fa	acility:	Shawnee	
a fo is di	rmal hear rect revie	ring. A review of the Grievance, Grievance Officer/CAO w by the ARB, a review of the Grievance has been cond	This office has determined the issue will be addressed without response to the grievance has been conducted. For a grievance that addressed without the conducted. Shawnee
		er denied by the Facility	
		al Property	
		pm/Publications	
		ment (job, cell)	
		ssary / Trust Fund	
	Other	Med/Mental Health Tx: Ms. Sandusky 6/26/20 advi	vised not SMI, MH staff not at Adjustment Hearings, diagnosis
Base	d on a re	eview of all available information, this office has dete	ermined your grievance to be:
	Affirmed provide	d, Warden is advised to a written response of corrective action to this office by	Denied as the facility is following the procedures outlined in DR525.
	Denied, decision	in accordance with DR504F, this is an administrative	☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
	Denied,	this office finds the issue was appropriately sed by the facility Administration.	Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	Other:	Offender McGraw has been seen by mental health st	taff and provided services. He is not considered SMI at this time.
M	ental Hea	alth staff are to review discipline for SMI offenders in	in accordance with policy, therefore would not review discipline
of	Offender	r McGraw. Offender McGraw may file a grievance or	on disciplinary reports received in accordance with DR 504.
-	R THE BO	Dural Calana	CONCURRED: Bold Sefficient education of the concurrence of the concurr
CC:	Warden, McGraw		

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 18 of 59 Page ID #399
ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

×	Grievance Officer's Rep	ort	ALLIN SCHOOL & LUGISTERY (CLEO
Date Received: 07/16/2020	Date of Review: 11/17/2020	Grievance # (optional): 2020-07	-15
Offender: Jeff McGraw		ID#: Y38458	
Nature of Grievance:			
11. Medical			
H. Mental Health			
	<u> </u>		
Facts Reviewed:			
Grievant states: On 6-26-20 I talked to Ms. Sandusky, MHP about my concerns with mental health treatment and why I wasn't SMI. She told me only people who can't think for themselves are considered SMI and she wasn't obligated to look over or witness my disciplinary report hearing with the adjustment committee which is a lie. SMI classification is based upon both diagnosis and functional impairment. Everybody in this prison is entitled to proper mental health treatment and observation. Every since I got here to Shawnee my mental health treatment has been horrible. When I got here I was already diagnosed with Bi-Polar disorder and OCD my first visit with tele-psych Dr. Ms. B she changed all of my diagnosis to just PTSD without properly evaluating me. She always cut me off and doesn't listen. I have requested to speak with Amanda Smith about my concerns but she has ignored my requests. IDOC is required by law to follow the Rasho settlement. My visits with my psychiatrist is not confidential they are open to tell us people with mental illness business its ridiculous. The staff neglect those of us that need help and act antisocial towards us that they should be helping.			
investigate all mental he	me proper Mental Health treatment dealth staff here at Shawnee, have me been receiving for disciplinary action	ntal health do their jobs. Investigate n	ny
Recommendation:		'	
grievance be DENIED.	hould contact the mental health staff	ievance Officer recommends the I health services and will continue to be or a member of security if he feels he	oe is in
Kim Johnson, CCII	+	K Johnson	
Print C	rievance Officer's Name (Attach a copy of Offender's Grievance, including counsel	Grievance Officer's Signature or's reappnse if applicable)	
		- U	
	Chief Administrative Officer's F	esponse	CAPTAGE STATE OF THE PARTY OF T
Date Received: 12 10	20	I do not concur	A CONTRACTOR OF THE PERSONS ASSESSMENT ASSESSMENT OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESS
Action Taken:		RECTOR	-
^		ADMINISTRATIVE REVIEW BOARD	
Al la o be		121020	
- Marie	Chief Administrative Officer's Signature	Date	
	Offender's Appeal To The Di	rector	e per construction de la constru
Administrative Officer's decision, be	ative Officer's decision to the Director. I understand this received by the Administrative Review Board, P.O. Box counselor's response if applicable, and any pertinent docu	र 19277, Springfield, IL 62794-9277. (Attach a complete c	ору
Noll Mc Ida	w)	138458 12-23-20	THE REPORT OF THE PERSON NAMED IN THE PERSON N
	Offender's Signature	ID# Date	

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Reviewed: Response from A. Smith SWIV: A review of Mr. McGraw's mental health records shows that he transferred into Shawnee CC on 09/17/2019 and was not designated as SMI. He has been provided appropriate mental health services per protocol. He has received a Mental Health Evaluation by a clinically licensed Mental Health Professional, and he has received a Psychiatric Diagnostic Evaluation by a psychiatric provider/psychiatrist/MD. During the evaluations and at every interaction, the mental health staff will be monitoring for the clinical need to update any status including SMI designation and Level of Care. He is not currently SMI. The Mental Health Department is routinely monitored and audited internally and externally for compliance and quality of services. Mr. McGraw is receiving routine mental health treatment per clinical recommendations and protocol. All tele-psych sessions are held in either the HCU or in an office area in the housing unit. These areas both provide confidential access to the doctor via a laptop and are not open to tell the offenders mental health business.

Mr. McGraw is encouraged to speak to the Adjustment Committee in regard to his concerns about his disciplinary infractions and summaries. Mr. McGraw has been and will continue to be provided with mental health services, in accordance to the Administrative Directives and Standard Operating Procedural Manual for the Office of Mental Health

Services in the Illinois Department of Corrections.

Assigned Green 3:21-cv-00800-SMY-RJD	Document 37-2	Filed 01/20/22	Housing Unit: Page 20 of 59	Page ID #401
1st LvI rec: 2020-07-15	ILLINOIS DEPARTMEN Offender's	Grievance	IIH S	21 ron 31
Date: Offender (please p	rint): -raw	V 38458		Race (optional): BLACK
Present Facility: 3 Nawnee Correctional	Centr	Facility where grie	vance issue occurre	ed:
Nature of grievance:	(- Tanynec	Cast of Control of Control	A CONTRACTOR OF THE PARTY OF TH
	fail Handling	Medical Treatment	ADA Disabi	lity Accommodation
Staff Conduct	ietary • • •	HIPAA	Restoration	of Sentence Credit
☐ Transfer Denial by Facility ☐ C	ther (specify): Encolegue	ese Mental Health,	Negligence	
☐ Disciplinary Report			and before the production of the party of the transfer of the party of	
	of report		Facility where issued	
Note: Protective Custody Denials may be go Complete: Attach a copy of any pertinent doc locked receptacle marked "grievance": Counselor, infless the issue involves Grievance Officer, only if the issue involves Grievance Officer, only if the issue involves Grievance Officer, only if the issue involves Chief Administrative Officer, only if E Mail to Administrative Officer, only if E Summary of Grievance (Provide information including each person involved): On 6-26-20: Lal Med to white Self are consideral SMI and why this self are consideral SMI and why biss upon both diagnosis and funct agreement is Athy and every body in and observation including problems in Relief Requested: Give me proper montal health treat Shift here of Shawner, have mental test dioflingry actions:	SHAWN Cipline, is deemed an ecolves discipline at the property grievance and an ecolves discipline at the property of the issue involved and personal property a description of what happy my mental Health is wasn't obligated to adjust ment company with a many prison with a many wasn't discipline	emergency, or filliperesent facility or issue not seem facility or issue not seem, when and where it is hard to book over or will what e, which be one of the risky at all liness is eating a system with	et to review by the course of resolved by Course voluntary administration of the check happened, and the name of the course of t	Continued on reverse
V I				
Check only if this is an EMERGENCY grievance of	lue to a substantial risk of ir	nminent personal injury o	r other serious or irrepar	rable harm to self.
Check if this is NOT an emergency grievance.		i e		
Offender's Signature	U	V38458		-1-20
Offender's Signature	(Continue on reverse	ID#		Date
Consider Despessor (Formiophis) D			ectly to Grievance C	Officer
	te Received: 7/6/) in Ci
Outside jurisdiction of this facility. Send to: Administ Response:	suative neview board, r o t	Jox 19277, Optinghold, IL	021010211	
Per A. Snith LCSW, SWIV: A review of	Mr. Mormanis mental	hew th records shows -	that he transformed in	o Shawner on 9/17/19 and
was not designated SMI. He has been provide	hel appropriate mental	health Services per pro	docal. He has recoise	da Menta (Health
Evaluation by a psychiatric provider/psy	chiatrist/MO. He is	s not currently smi	1. Mr Ma Graw	has been and will
continue to be provided with mental	health Services, in	accordance to the	no Administrative T): rectives and Standard
Operating Procedural Manual for	the office of p	ventus Hearth So	project in the	Illinois Opportunit
of Corrections.		/ .		
			and the second s	7/13/20
Print Counselor's Name	and a natural system construction and a natural system of the construction and the constructi	Sign Counselor's Nan	ne	Date
Note to offender: If you disagree with the counselor's	response, it is your respon	sibility to forward grievar	nce with counselor's resp	oonse to the grievance officer.
EMERGENCY REVIEW: Date Received:	a productive de la filia de la productiva de la filia de la productiva della productiva de la productiva de la productiva della productiva de la productiva della productiva della productiva del			The state of the s
Is this determined to be of an emergency nature:				
Yes, expedite emergency grievance No, an emergency is not substantiated. Offender s	should submit this arievance	e according to standard g	rievance procedure	
La reconstruction of the substantiation. Online of	3,14-4,14			
Chief Administra	ative Officer's Signature Page 1 of		Dat	DOC 0046 (Rev. 01/2020)

adito oue auto autourine	-SMY-RJD Document 37-2 Filed 01/20/22ng Bage 21 of 59 Page	e ID #402
Lv¹ rec:	BLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance	Seigneu Tei Lui ress Dato
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ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

O. ()	Mc/mu \(\lambda_{1}\lambda_{1}\lambda_{2}\)
Offende	First Name MI ID#
Facility	:Pontrac
☐ Grie	vance: Facility Grievance # (if applicable) 2020 1/108 Dated: 1/20/21 or Correspondence: Dated:
Receive	ed: 3/8/2/ Regarding: Medical-denied frontment for bladden a prostate 11/17/2020
The atta	ached grievance or correspondence is being returned for the following reasons:
Additi	onal information required:
	Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
	Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
	Provide dates when incidents occurred.
	Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277
B.6:	
Wisair	rected: Contact your correctional counselor or Field Services regarding this issue.
	Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
	Contact the Record Office with your request or to provide additional information.
	Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
	Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706
No fur	ther redress:
	and the second s
	Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
	Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
À	Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
	This office previously addressed this issue on
	No justification provided for additional consideration.
Other	(specify):
Comple	ted by: Debbie Knauer Print Name Debbie Knauer Signature 3/16/21 Date

Distribution: Offender Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE

32-32

•	<u> </u>	Grievance Office	er's Report		
Date Received: 12/14/2020		Date of Review: 01/	18/2021		202011108E
Offender: Jeff McGraw				ID#: <u>Y38458</u>	
Nature of Grievance:				σ.	
11. Medical				•	
E. Treatment This response is for both	h 2020-11-108	3E and 2020-12	-84.		
71110 100001100 10 10. 20.				and the second s	
Facts Reviewed: Grievant states: On 11-17-20 I put in for NSC this is my ninth time putting in for NSC and I am being refused medical treatment by NP Peeks and Dr. David. NP Peeks gave me a urine test a couple of weeks ago and I tried to explain to her that the test will not detect my problem of bladder and prostrate problems. I told her to look in my file and she would see my history and test form. I tried to explain my past health issues and she was very rude, unprofessional and tends to have an attitude. M. Peeks has something against me because I am a young black man which is very wrong to be racist and bias. I have urinary incontintence, enlarged prostrate, prostatitis and symptoms of BHP. All of this is known by M. Peeks and she is intentially refusing me adequate treatment. On 12-16-20 I still have yet to receive medical attention for my enlarged prostrate.					
Relief Requested:Give racism. Please let me se	me proper med see the Dr. for a	dical care, inves all my problems	tigate Mary Pe because I fear	eks for medical malpra Peeks will retaliate.	ectice and
claiming he has urinary been straight cath with r prostrate. There is no ey needed by nurses. Reviewed response from	Reviewed response from A. David, MD: He has been seen many times by the NP and the nurses claiming he has urinary retention from previous gun shot wound and prostrate enlargement. He has been straight cath with no evidence of urinary retention. He is very young to have an enlarged prostrate. There is no evidence of inflammation of the prostrate (prostatitis). He will be seen as needed by nurses. Reviewed response from M. Peeks: The allegations made by McGraw are false. I conduct myself in a professional manner and the offenders age or skin color does not impact the care that is provided.				
Recommendation:					
Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded medical treatment and will continue to be provided services. He should continue to contact the HCU if he feels he needs to be seen. Staff misconduct could not be substantiated. Kim Johnson, CCII Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including courtselor's response vapplicable)				to be	
	Chief	Administrative Of	ficer's Response	>	
Date Received: (2003	2.1	/ I concur	RECE	NED Remand	
			MAR 0	8 2021	
•			ADMINIST REVIEW	RATIVE	Kı
	Chief Administra	KOL alive Officer's Signature	KEVILVV	/ 20 a	
	Off	ender's Appeal T	o The Director		
I am appealing the Chief Administra Administrative Officer's decision, be of the original grievance, including the	received by the Adm	inistrative Review Boar	d, P.O. Box 19277, Sp	st, within 30 days after the date of ringfield, IL 62794-9277. (Attach a	the Chief complete copy
	Offender's Signature		GI	# Dat	e

Assigne Caree 8:241-ev-00800-SMY-RJD Document 37-2	Filed 01/20/22 Page 24 of 5	Page ID #405 -
Ist Lvi rec: "R 2020-11-108 ILLINOIS DEPARTMEN Offender's."	T OF CORRECTIONS TBILE	2nd Lvi rec:
Date: Offender (please print): VEFF McU-raw	1D#38458	Race (optional): ULACLI
Present Facility: Shawnee Correctional Center	Facility where grievance issue occ	
Nature of grievance: ☐ Personal Property ☐ Mail Handling ☑ Mail Handling	Medical Treatment ADA Dis	ability Accommodation
		tion of Sentence Credit
☐ Transfer Denial by Facility ☑ Other (specify): Inadeq		liberate Indifferen
☐ Disciplinary Report	port them to the second	21100-101-101-101-101-101-101-101-101-10
Date of report	Facility where issue	
Note: Protective Custody Denials may be grieved immediately via th	e local political for the ploteetive of	custody status notification.
Complete: Attach a copy of any pertinent document (such as a Disciplocked receptacle marked "grievance":	DEC 1 2020 etc. Nove	histor 1078 e designated
Counselor, unless the issue involves discipline, is deemed an e Grievance Officer, only if the issue involves discipline at the pre Chief Administrative Officer, only if EMERGENCY grievance Mail to Administrative Review Board, only if the issue involves issues from another facility except medical and personal propert	s protective custody, involuntary administ y issues, or issues not resolved by the C	tration of psychotropic drugs, thef Administrative Officer.
Summary of Grievance (Provide information including a description of what happeach person involved):	•	
On 11-17-20; put in a Murse sich call been seeking treatment from the Medical staf	Because for the past 8.	nonths i have
problems and prostate problems due to me being	shot and having prostatiti	1. This Is may 974
The gutting a Murac sich calls lip and am b	peing refused medical tree	atment by Music
tracticioner Mary peeks and Dr. David. a	couple of weeks back M	angery gave
me a wine test for this problem in which di		
problems. I took the wine test and explain	and to many years my	Continued on reverse
Please give me proper medicul care, me and racism. Please let me see the Dr. I peeus will Metaliate.	EH gaste Mary feels for for all my problems becau	- Wedical Mary
Check only if this is an EMERGENCY grievance due to a substantial risk of im	minent personal injury or other sérious or irre	parable harm to self.
Check if this is NOT an emergency grievance. Offender's Signature (Continue on reverse	38458	<u> </u>
Counselor's Response (if applicable) Date Received:	Send directly to Grievanc	e Officer
Outside jurisdiction of this facility. Send to: Administrative Review Board, PO B Response:	ox 19277, Springfield, IL 62794-9277	
	The state of the s	
This Sources of Famo	Sign Counselor's Name	Date Date
Note to offender: If you disagree with the counselor's response, it is your respons	ibility to forward grievance with counselor	esponse to the oliver mod officer
EMERGENCY REVIEW: Date Received: /2/120		MAR 08 2021
Is this determined to be of an emergency nature:	•	ADMINISTRATIVE
Yes, expedite emergency grievance No, an emergency is not substantiated. Offender should submit this grievance	according to standard grievance procedure	REVIEW BOARD
Chief Administrative Officer's Signature		Date
Distribution: Master File, Offender Page 1 of 2	<u> </u>	DOC 0046 (Rev. 01/2020)

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 35வர் <u>59_ட் Page I</u>D #406 <u>ქ</u>2

്യായ © ക്രേ ഭിമി ഷസേ 00 800-SMY-RJD Documen	t 37-2 Filed 01/20/22 Page 2	6nof 59c Page ID #407: ~~
.s. tad rec: 2020-13-84 ILLINOIS DI	EPARTMENT OF CORRECTIONS	2nd Lyl rec.
Date: Offender (please print): 12-16-20. Jeff Mcli-raw	1D#: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Race (optional): BLACV
Present Facility:	Facility where grievance	
Nature of grievance:	- Shownee (:	rrectional Center
Personal Property Mail Handling	Medical Treatment	ADA Disability Accommodation
☑ Staff Conduct ☐ Dietary	HIPAA	Restoration of Sentence Credit
☐ Transfer Denial by Facility ☐ Other (specify):	Inadequate medical assistance	e negligence
☐ Disciplinary Report	The Affin of	where issued
Date of report	A CONTRACTOR OF THE PARTY OF TH	
Note: Protective Custody Denials may be grieved immedi	ately via the local terhinistication of the	Legita Education Legitarion Legitarion
locked receptable marked ghevance.	DEC S.a Soso	DEC \$ 7 YUZU
Counselor, unless the issue involves discipline, is de Grievance Officer, only if the issue involves discipline Chief Administrative Officer, only if EMERGENCY Mail to Administrative Review Board, only if the issues from another facility except medical and perso	e at the present facility (\$\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)	ved by Counsellor SERVICES CLINICAL SERVICES y administration of psychotropic drugs,
Summary of Grievance (Provide information including a description of	of what happened, when and where it happene	ed, and the name or identifying information fo
each person involved): Today is 12-16-20 and; still	have get to recieve n	redical attention
for my enlarged prostate. I ami		, a
mical sunday hashe showed me		e Dr. David For
prostate issues 12-8-20 and i h	ave get to be seen.	- dont Knowwhat
	gainst me but i dise	
equally due to my constitut		onstantly pattin in
grievances, i had my mother as	d Family members 64	Continued on reverse
Please give me adequate medic staff here at shawner, and se people try to Will me here.	al assistance, invest no me to another Far	igate all medical
	ti-Link of imminont vorcenal injury or other se	rious or irreparable harm to self.
Check only if this is an EMERGENCY grievance due to a substan Check if this is NOT an amergency grievance.	tial risk of infinitelit personal injury of other se	mous of mountains fragment of
Jeff Mc haw Offender's Signature	D#. on reverse side if necessary)	i2-16-20 Date
Counselor's Response (if applicable) Date Received:	Send directly to	Grievance Officer
Outside jurisdiction of this facility. Send to: Administrative Review I	Board, PO Box 19277, Springfield, IL 62794-9	277
NO VEVILU WILL BE 9. DR 504.810, duplicate	iven due fo not Fo grievance +	tollowing tago-12-42.
		t .
Thosas a separate incident!	- Jeffer Y-38458	
Bob AllAns	Sign Counselor's Name	13/23/20 Date
Print Counselor's Name Note to offender: If you disagree with the counselor's response, it is you		ounselo Response to the MeEn Officer
EMERGENCY REVIEW: Date Received:		MAR 0 8 2021
Is this determined to be of an emergency nature:		•
Yes, expedite emergency grievance No, an emergency is not substantiated. Offender should submit the	is grievance according to standard grievance	ADMINISTRATIVE procedure REVIEW BOARD
Chief Administrative Officer's : Distribution: Master File; Offender	Signature Page 1 of 2	Date DOC 0046 (Rev. 01/2020)

Α	րեր 3:21 արտ ընթեր 27 of 597 Page 1D #408	
	ILLINOIS DEPARTMENT OF CORRECTIONS 2nd M Feb 2	
	(1) both worders and you	
	Still havest been seen and treated for these very serious conditions.	
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	to a his Xoia hocselle of these racist means	,4
	TO. I am In service to lourt me temporarily, I don't know	<u>ل</u> ر
	hat needs to be done but it need to be done drap. Can if lease see	
	Is I have medical problems with my	
ĺ	redical asap 173 in my File introcertore to recent grievances. I gam in	1
	is blutter and i even attationed the copies is tout of bed please they	<u>}:</u>
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ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: McGraw July	<u> 138458</u>
Last Name MI	ID#
Facility: Pontiac	
□ Griovance: Facility Grievance # (# applicable) 2020-12-42 € Dated: 1/13/2/ or □ Corresponder	and Datade
Grievance, radiity drievance # (a approximate # (a approximate # (a approximate #)	
Received: 3/8/21 Regarding: Medical- Heatment for prostate 12/4/	
The attached grievance or correspondence is being returned for the following reasons:	
Additional information required:	,
Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if	
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer Administrative Officer's response, to appeal; if timely.	r's and Chief
☐ Provide dates when incidents occurred.	,
Unable to determine nature of grievance or correspondence; submit additional specific information. I attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9	1
Misdirected:	
Contact your correctional counselor or Field Services regarding this issue.	
 Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied offender grievance process outlined in Department Rule 504 for further consideration. 	by the facility, utilize the
Contact the Record Office with your request or to provide additional information.	
 Personal property and medical issues are to be reviewed at your current facility prior to review by the Board. 	Administrative Review
☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfi	eld, IL 62706
No further redress:	
Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, to addressed further.	this issue will not be
☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not	t be addressed further.
☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addr	essed further.
Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's issue will not be addressed further.	decision; therefore, this
This office previously addressed this issue on	
No justification provided for additional consideration.	
Other (specify):	
	1 1
Completed by: Debbie Knauer Print Name Debbie Knauer Signature	3/16/21 Date

Distribution: Offender Inmate Issues

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 29 of 59 Page ID #410

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE

	Grievance Officer's Re	port	
Date Received: 12/17/2020	Date of Review; 01/13/202		
Offender: Jeff McGraw		1D#: Y38458	
Nature of Grievance:			
11, Medical E. Treatment			
Facts Reviewed:	A SALES AND A		
Grievant states: On 12-4-20 I was waiting to see telepsych and I observed Warden Mitchell so I asked if I can have a word with him about an emergency. He said yes so I told him I'm in a lot of pain due to me having an enlarged prostate and it's not being properly treated. I also told him that healthcare is refusing me medical attention and deliberately not giving me medical attention and left me to suffer with severe pain. He asked me how long has this been going on. I told him always and told him NP Peeks was the one refusing to see me. I was going to see Dr. David on 12-7-20 since Peeks referred me to him. On 12-7-20 Warden Mitchell said he was not medically trained and would rely on the medical staff to treat me. I was never seen by any medical provider on 12-7-20. I saw Warden Mitchell and Walker in the day making rounds and asked to speak with him again regarding my suffering. He said oh well, and walked off. I don't know what else to do. If I don't receive immediate care I'm going to have my lawyers contact all news channelis, black lives matter and who else to ensure I receive proper treatment. I'm also pursuing a civil suit thru the 1983 forms. Relief Requested:Give me proper medical treatment, I'm also pursing a civil suit for compensation. Reviewed response from Dr. David, Medical Director: He has been seen multiple times by the NP and the nurses claiming he has urinary retention from prior GSW and prostate enlargement. He has been straight cathed with no evidence of urinary retention. He is very young to have an enlarged prostate. There is no evidence of inflammation of the prostate (prostatitis). He will be seen as needed by the nurses and is scheduled to be seen by a medical professional the week of January 18, 2021.			
grievance he DENIED	ew of all available information, this The offender is being afforded med hould continue to contact the HCU	Grievance Officer recommends the lical treatment and will continue to be if he feels he needs to be seen.	
		(X/Y)	
Kim Johnson, CCII	rievance Officer's Name	Grievance Officer's Signature	
	(Attach a copy of Offender's Grievance, including cou		
	Chief Administrative Officer'	s Response	
Date Received: / 13	2/ I concur	☐ I do not concur ☐ Remand	
Action Taken:		RECEIVED	
	,	MAR 0 8 2021	
	Halker	ADMINISTRATIVE REVIEW BOARD //3-2/ Date	
	Chief Administrative Officer's Signature Offender's Appeal To The	Director	
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance; including the counselor's response if applicable, and any pertinent documents.)			
		·	
	Offender's Signature	ID# Date	

Distribution: Master File; Offender

Assign @ 889 എ 2 1 Move 1008 00-SMY-RJD Document 3	7-2 Filed 01/20/22 Pag	6,30, of 59 2 Page ID #4141 2x
	RTMENT OF CORRECTIONS	2nd Lvt res:
Date: Offender (please print): 12-8-20 Seff McGraw	10#. V38458	Race (optional):
Present Facility:	Facility where grievan	
Nature of grievance:	J Dhawnee C	arrectional Center
Personal Property Mail Handling	Medical Treatment	ADA Disability Accommodation
☑ Staff Conduct ☐ Dietary	HIPAA	Restoration of Sentence Credit
Transfer Denial by Facility Other (specify):		Hier Pain and saffering,
Disciplinary Report Date of report	eliberate indifference	(y where issued
Note: Protective Custody Denials may be grieved immediately	A Maria Service	
Complete: Attach a copy of any pertinent document (such as a locked receptacle marked "grievance":		
Counselor, unless the issue involves discipline, is deeme Grievance Officer, only if the issue involves discipline at Chief Administrative Officer, only if EMERGENCY griev Mail to Administrative Review Board, only if the issue in issues from another facility except medical and personal p Summary of Grievance (Provide information including a description of whom	rance volves protective custody, involun property issues, or issues not reso	tary administration of psychotropic drugs, lved by the Chief Administrative Officer.
each person involved):	0	
and i observed Warden Mitchel 1	Wallin threw th	
	vity hum about a	emergency: Mesaid
yer soi told him in in alst of pai		ry a extarged prostate
and its not being properly treated.	eliberately not civ	in me medical attention
retusing me medical attention and a	He asked me how	3/ 1 1/ A
and lettin mesater with sovere pain	, 10 10 100 100 000	Continued on leverse
Cive me proper medical treatment,		civil suit for
Check only if this is an EMERGENCY grievance due to a substantial ris	sk of imminent personal injury or other	serious or irreparable harm to self.
Check if this is NOT an emergency grievance.		•
rell Mchan	· Y 38°458	12-08-20
(Continue on re	ID# everse side if necessary)	Date
Counselor's Response (if applicable) Date Received:		to Grievance Officer
Outside jurisdiction of this facility. Send to: Administrative Review Board Rosponse:	has-n-l	
		,
•		
	•	
	and the second s	* 10 %.
Print Counselor's Name	Sign Counselor's Name	Date
Note to offender: If you disagree with the counselor's response, it is your re	esponsibility to forward grievance wil	h counselor's response to the grievance officer
EMERGENCY REVIEW: Date Received: 12/620		MAR 0 8 2021
Is this determined to be of an emergency nature: ———————————————————————————————————	•	240 Tr Aug E
No, an emergency is not substantiated. Offender should submit this grid	evance according to standard grievan	ce procediministrative REVIEW BOARD 121620
Chief Administrative Officer's Signa	ature	Date
	ge 1, of 2	DOC 0046 (Rev. 01/2020)

Assigned Crase 3:21-cv-00800-SMY-RJD	Document 37-2	Filed 01/20/22 _{Holish}	igen219[59] Page [Di#4]2	<u>ર</u>
: A (1981)	ILLINOIS DEPARTMENT Offender's G		2nd 1.Vires.	
I told him always and is retreating the medical treatment was going on she swind . Dr. David and i was going. Mitchell that Nurse practitioners word will be had the land of the land of the here in recieving. I asked have in recieving. I asked him Friday in health care I would be seen That down that. So i told him i stippain he said O' well and my administrative remedie recieve proper treatment. I leaving me to extreme paint facility. If i don't awards for when the last threat all news to extract all n	dentified the A t who was behing she's not see in to see him on tioner was lian re wasnt of De he sees of he rell and ward d to speak w sld himim ha and the Nur which was II howest bee walked poff, s and is diast am deliberation the recieve imme chancells sure i recieve sure i recieve	include parses of me had that is monday 12-7 and said the s and said the s and said the s and would be wise, Lequin en Walter di ith warder mit extreme pain se practitioner 12-7-20 he sees and i goin I have footed thow what els if because im diate care im Black lives m	ation. He asked meroshe referred me to -20. I informed War and thing 3 weeks as your to take Nurse your to suffer in part I so ever and at I a wa W threw when he asked and told him i saw Mary perhy told him said he remember your to do so i con el medical treatment a black man i'm a yoin to have my ofter and who else	7.0
				
				······································
		,		
	*			

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offende	er: MC Graw Last Name MI First Name MI 10#
Facility	Pontiac. 2020-07-56 1/22/21
☐ Griev	vance: Facility Grievance # (if applicable) 2020 - 06-69 Dated: 10/25/2020 or Correspondence: Dated:
Receive	d: <u>3/1/2/</u> Regarding: <u>\(\)\R\202000588/I-SHA\(\)\B\2020\(\)\\ Date\(\)</u>
The atta	ched grievance or correspondence is being returned for the following reasons:
Additi	onal information required:
	Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
	Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
	Provide dates when incidents occurred.
	Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277
Misdir	octod:
Wilson	Contact your correctional counselor or Field Services regarding this issue.
	Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
	Contact the Record Office with your request or to provide additional information.
	Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
	Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706
NI - 5	
No tur	ther redress: Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
Ιп	Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
	Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
#	Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
	This office previously addressed this issue on
	No justification provided for additional consideration.
Other	(specify):
Complet	ed by: Debbie Knauer Print Name Debbie Knauer Signature 3/8/2/ Date

Distribution: Offender Inmate Issues

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 32/0/59 Page ID #414

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Date Received: 07/30/2020 Offender: Jeff McGraw	Date of Review:	01/18/2021	Grievance # (cptional): 2020-07-56
Offender:			ID#: Y38458
· ·			
Nature of Grievance:		· ~	•
Offender Disciplinary Rep	OOR		
Facts Reviewed: This Grievance Officer reinformation in O360 and	viewed offender McGraw Disciplinary Tracking Sys	's grievance, grieva tem.	ance records and pertinent
Offender McGraw grieve		disciplinary action (given to him by the Adjustment at the ticket be expunged and to be left alone.
Per review of Mr. McGrathis grievance have beer	w's grievance records, it h n previously addressed in	nas been determine grievance 2020-06	ed that the issues outlined within -69.
	•		
	•		
•			
offender McGraw's griev Michael Nolen, CCII	rance be denied, as it is a	illi	Grievance Officer's Signature
	(Attach a copy of Offender's Grievance,		
	Chief Administrativ	e Officer's Response	
Date Received: 1 22	<u>2/</u> .☐ I concu	r 🔲 I do not co	oncur RECEWED
Action ranem.			MAR 0 1 2021
	•		ADMINISTRATIVE REVIEW BOARD
. 0	Dacker		12221
	Chief Administrative Officer's Signat		Date
!		eal To The Director	
I A design the Officer's design be	tive Officer's decision to the Director. received by the Administrative Review counselor's response if applicable, and a	v boald, F.O. box 13211, 9P	st, within 30 days after the date of the Chief rringfield, IL 62794-9277. (Attach a complete copy
All Mchan	Offender's Signature	Y384	58 1-26-21 Date

Distribution: Master File; Offender

Page 1

DOC 0047 (Rev. 3/2019)

Assigned Grievance #/Ins Case 3.21-(ititution: V-008 00-SMY	-RJD Docume		iled 01/20/22 F CORRECTIONS	Page 34 015	Page ID #415
Date:	Offender (pl			n #·		Race (optional):
7-8-20	Jeff	McGraw		<u>"V38458</u>		<u> OLACK</u>
Present Facility:	hawner C	arrectiona	1 / 1 1	acility where grid S N จ พ.ษ.	ee (arte	Chan Center
Nature of grievance		0,10,0,1				
☐ Personal Pro	perty	☐ Mail Handling	<u>سيد</u>	dical Treatment	<i>--</i>	sability Accommodation
Staff Conduc	it	Dietary	☐ HIP	· A		tion of Sentence Credit
-	nial by Facility	☑ Other (specify)): apperlot	jadvorse decis	SION PEPARMONS	trule 504: Subpart F
Disciplinary l	Report	Date of report	- FECISOR 1	visiting vici	Facility where issue	ed
Note: Protective (Custody Denials m	ay be grieved immed	diately via the l	ocal administration	on RECEI	eustody platus notification. VED
Complete: Attach a c	opy of any pertin	ent document (suc	n as a Discipiin	ary Keport, Search	11(00010) 000) 001	
Counselor, u Grievance O Chief Admin Mail to Admin	nless the issue in fficer, only if the is istrative Officer, on istrative Review	volves discipline, is dissue involves disciplionly if EMERGENCY Board, only if the is	me at the press grievance sue involves property i	rotective custody, i	CLINICAL Involuntary administ resolved by the	Administrative Review Board punsefor SERVICES stration of psychotropic drugs, Chief Administrative Officer. e name or identifying information I
Tam appe	Aling my	02000588/1	-sha.I.	given to me	ly the adjected the d	isciplinary report
Janes of house	advallagha	. a Harry	Tollowe & an	d followed ()	11504,810a	
Cutreath, ha	See for a Si	mosted STIF	because +	he prison 15 1	Tacist, bias	prejudice nd staff
discrimina salvas	against on bea	auselna black	(WILLS) >M MI	as trying to le	are my palt	With pest 114 300
305-STE or	· Un quathorize	d organization	al activit	4 13 tor 680	Ting my di	end best-friends
Mamein a G-TL	-messager. Mi	d organization dead bestfri	en name i	3 shonasie Q	Indon't HIVE	Continued on revers
and please 1	eave me alone	Hery, MAT Mine	T) ACA ON SA	ground Crop		ts gollagor here,
				h ,		
Charle only if this is	an EMERGENCY of	evance due to a substa	antial risk of imm	inent personal injury	or other serious or in	reparable harm to self.
Check if this is NOT	•			•		
V 00 W	1. Dans		$\frac{1}{2}$	38458		11-8-20
Jeff	Öffender's Signat	ure	ia an rollarga s	ID#_ ide if necessary	appealing the	disciplinary action party
	. (if an alimabi		·		rectly to Grievan	
Counselor's Respo			·	 \		00 000
	f this facility. Send to	: Administrative Revie		· 🗸	([1	$I_{\perp}=4$
Response: NO YEVI DR 504	en will -810, de	be giv	en du	ie to r Trievanc	101 4011 e=#20	0 Wing 70-05-69.
	·					<u> </u>
					*	/
				2/1/	<u> </u>	2/09/20
Print (Counselor's Name	<u>, </u>	المحرية المحرية	ign Counselor's Na	ame	.Date
Note to offender: If you		unselor's response, it is	s your responsil	cility to forward griev	ance with counselor	s Testion to the phet accompos
EMERGENCY REVIEW:						
Is this determined to be			- . ·			MAR 0 1 2021
turners			t this grievance a	eccording to standard	grievance procedure	ADMINISTRATIVE ■ REVIEW BOARD
						Data
		dministrative Officer	r's Signature Page 1 of 2			Date DÓC 0046 (Rev. 01/202
Distribution: Master File; Of	ender		, 9 ,		4	

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 36 of 59 Page ID #417

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

IDOC Number: Y38458

Race: BLK

Hearing Date/Time: 6/15/2020 07:10 AM Incident Number: 202000588/1 - SHA

Manage Line Silia

Orientation Status: N/A

Status: Final

Date	Ticket#	Incide	ent Officer	`Locati	on	Time
6/8/2020	202000588/1-SHA	DANK	O, CHRISTINE C	INTEL	LIGENCE UNIT	07:25 PM
Offense	Vio	lation		DY.	Final Result	
205	Gar	g Or Unautl	norized Organization	Activity	Guilty	
Witness		ess ID	Witness Nan	1	Witness Status	

No Witness Requested

RECORD OF PROCEEDINGS

I/M Plea: Not Guilty I/M Statement: On Tooka is my dead homie who died in 2011 and he wasnt no INSANE GANGSTER DISCIPLE. I'm not no INSANE GANGSTER DISCIPLE. I aint in no gang anymore.

BASIS FOR DECISION

Written IDR by Dankothat while monitoring I/M McGraw Y38458 GTL messagesthe following was noted: on 6/5/20 at 2:11pm McGraw sent a GTL message to Nijia Malone, in the message McGraw-stated "on tooka" which is indicative to the Insane Gangster Disciples STG. McGraw, Jeff Y-38458 is a self admitted Insane Gangster Disciple. I/M ID'd by ID.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL				
3 Months C Grade 3 Months Segregation Revoke GCC or SGT 3 Months Transfer (Disciplinary) 6 Months Contact Visits Restriction Basis for Discipline:Seriousness of Offense	3 Months C Grade 3 Months Segregation Revoke GCC or SGT 3 Months Transfer (Disciplinary) 6 Months Contact Visits Restriction				
Signatures Hearing Committee		-			
LASTER, AUSTIN L - Chair Person	2178.	06/15/20	BLK_		
HOUSEMAN, CHRISTOPHER	Signature	Date . 06/15/20	Race WHI		
	Signature	Date	Race		
Recommended Action Approved					
Final Comments: N/A	وه دو د د	RECI	= IVE		

LU A WALKER / LAW 6/23/2020

Chief Administrative Officer

Signature

06/23/20

ADMINISTRATIVE Date REVIEW BOARD

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

Run Date: 6/24/2020 11:37:56

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 37 of 59 Page ID #418
STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

Exhibit3 FINAL SUMMARY REPORT

Name: JOHNSON, DERRIEN

IDOC Number: Y28843

Race: BLK

Hearing Date/Time: 11/25/2019 08:23 AM

LIVING UNESHA-03 D-75"

Orientation Status: N/A

Incident Number: 201901783/1 - SHA		s Status: Final					
Incident Nu	mber: 201901763/1-3	1055		Location	,	Time	
Date	Ticket#	Incident Officer		INTELLIGENCE	1ÆUT	08:00 AM	
11/22/2019	201901783/1-SHA	HUGHES, RYAN M	1 1	INTELLIGENOL			
	Viola	tion			Final Result		
Offense		Or Unauthorized Organiz	tion Activi	ty\\	Guilty		. ,
205			1011	1,3	Guilty		
310	Abuse	Of Privileges	 	<u> </u>	Vitness Status		
Witness	Type Witnes	ss iD Witness	Name		VIGICOO OTAL		
AAITTICSS	.ypc		}	· 2			

No Witness Requested

RECORD OF PROCEEDINGS I/m Plea: Not guilty I/m Statement: I am not hooked up. My best friend/alcom David Franklin and we call him King David. I call my son "King DJ". Malcom David Franklin was killed bye Dalton Police Dept. When I came down here I told IA that I wasn't affilitated. I didn't know what she did was or is condered a 3-way call.

BASIS FOR DECISION

Written IDR: Hughes, R. stated On 11/22/2019 the Intelligence Unit monitored of other phone calls on the Securus Technologies Phone System and observed the following: On 10-3-2019 offender OHNSON, DERRIEN Y28843 placed a call to 1-773-536-6685 (Ashley Jones). At play point 6:00 the called party merge a 3rd party into the conversation by using a second phone (310). This action was in direct disregard to the pre-record message warning against 3rd party using a second phone (310). using a second phone (310). This action was in direct disregard to the pre-record message warning against on party calls played at the beginning of each call. Furthermore, at play points 9:31 and 5:17 offender JOHNSON is heard making the statement "On King David" which is indicative to the BLACK DISCIPLE STG(205). Offender JOHNSON, DERRIEN Y28843 is self-admitted affiliate of the BLACK DISCIPLE STG. Based on this information ffender JOHNSON, DERRIEN Y28843 is self-admitted affiliate of the BLACK DISCIPLE STG. Based on this information ffender JOHNSON, DERRIEN Y28843 is being charged with 205- SECURITY THREAT GROUP OR UNAUTHORIZED (RGANIZATIONAL ACTIVITY and 310-

I/m Statement: I am not hooked up. My best friend Malcom David Franklin andwe call him King David. I call my son "King DJ". Malcom David Franklin was killed by the Dalton Police Dept. When I can down here I told IA that I wasn't affiliated.

I didn't know what she did was or is considered a 3-way call.

DISCIPLINARY ACTION (Consecutive to any priors)

)ISCIPLINAR! ACTION	FM	JAL	
RECOMMENDED		92	
2 Months C Grade Other: Global Block 773-536-6685 6 Months Contact Visits Restriction Basis for Discipline:nature of offense	2 Months C Grade Other : Global Block 773-536- 6 Months Contact Visits Restr	6685 Iction	
Signatures Hearing Committee	124	^1/25/19	BLK
LASTER, AUSTIN L - Chair Person	Signature /	Date 11/25/19	Race BLK
BLAKE, TINA N	Signature	Date	Race
Recommended Action Approved			

Final Comments: N/A

RECEIVED

MAR 01 2021

ADMINISTRATIVE REVIEW BOARD

Run Date: 12/3/2019 08:48:13

Page 1 of 2

Calse/3)21-cv-00800-SMY-R		er Disciplinary Rep		* •		
Type of Report:	7	awnee Correctional Cente	' '	Date: 1	1/22/2019	
☑ Disciplinary ☐ Investigative	SIR	Facility				•
Offender Name: JOHNSON, DERRIEN			ID#: Y28	843		,
Offense Information:		F				
Observation Date: 11/22/2019	Approximate Ti	íme: 8:00 □	a.m. o.m. Location:	Intelligen	e Unit	
		OUP OR UNAUTHORI	ZED ORGANIZATIO	NAL ACTI	VITY and 3	310-
Observation: (NOTE: Each offense identified	above must be substa	ntiated.);	· · · · · · · · · · · · · · · · · · ·		-	
On 11/22/2019 the Intelligence Unit mor following: On 10/3/2019 offender JOHNs the called party merges a 3rd party into pre-recorded message warning against 15:17 offender JOHNSON is heard make Offender JOHNSON is a self-admitted a DERRIEN Y28843 is being charged with and 310-ABUSE OF PRIVILEGES. Position of the proof of the self-admitted and 310-ABUSE OF PRIVILEGES.	SON, DERRIEN In the conversation of the conversation of the calls playing the statement of the BLA of the SLA	/28842 placed a call to by using a second pho iyed at the beginning o "On ⇔hg David" which CK DI∜CIPLE STG. Ba THREAT GROUP OR	1-773-536-6685 (As ne (310). This action f each call. Furtherm n is indicative to the B ased on this informati	hley Jones was in dire ore, at pla LACK DIS on offende	e). At play pect disrega y points 9: CIPLE ST TOHNSC	point 6:00 rd to the 11 and G (205). DN,
Witness(es):						
☐ Check if Offender Disciplinary 0	Continuation Page, D	7, 7	scribe additional facts, ob	servations or	r witnesses.	⊠ a.m.
HUGHES Reporting Employee (Print Name)	4568 * Badge #	Signature		/2019	8:25 Time	p.m.
reporting Employee (Print Name)			Date		. 111.15	
	<u>Di</u>	isciplinary Action:				
Shift Review: Temporary Confinement	ent 🗍 Inves	tigative Status R	easons:			
Printed Name and Badge #		Shift Supervisor's Signat (For Transition Centers, Cl	ure nief Administrative Officer)	Date	
Reviewing Officer's Decision: Cor	finement reviewe	ed by Reviewing Office	Comment:			
☑ Major Infraction, submitted for Hear ☑ Minor Infraction, submitted to Progr	-	f necessary and to Adj	ustment Committee			
Mar. Hille STE		place who so I to	<i>(</i>			277
アフィ・ハイ グランド Print Reviewing Officer's Name and Badge #		Reviewing Officer's Signal	1-2	,	Date	27/3
☐ Hearing Investigator's Review Re	<u>Juired</u> (Adult Corre	ctional Facility Major Repor	is Only):			2273
Hearing Investigator's Review Red	<u>Juired</u> (Adult Corre		is Only):			22.19 22.13
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Distribution: Master File Offender

DOC 0317 (Eff. 7/2018)

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE

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	Grievance Officer's Report
20/08/2020	Date of Review: 10/21/2020 Grievance # (optional): 2020-06-69
Date Received: 06/23/2020	Date of Review
Offender: MeGraw, Jeff Nature of Grievance: 3. Discipline A. Disciplinary Report C. Sanctions	7. Staff Conduct B. Performance of Duty
don't know if I will live to investigation an a ticket message to my little couserious i was. Shondak at the age of 15 in 2010 for it nd also talk to menort ticket for a 205-S	or my life and safety. I am emotionally nd mentally being broken to the extent i see tommorrow. I was let out of seg 6-5-20 after doing 30 days for i caught in seg. sent several messages out from my email including a sin (Nijia Malone) and in that message i stated "On tooka" to show her how sin (Nijia Malone) and in that message i stated "On tooka" to show her how as Gregory also known as "tooka" is my best friend who was killed in front of me a Because of that traumatic incident i have ptsd nd depression nd take meds. Because of that traumatic incident i have ptsd nd depression nd take meds tall health for it. On 6-8-20 Officer Danko # 9266 wrote me a cisciplinary ecurity Threat Group or Unauthorized Organizational Activity for a GTL ousin where Officer C. Danko claims by me stating "On tooka" is indicative to the STC-which is a 100% lie and she also claims that am a self-admitted
message i sent to my confine the line of t	les STG-which is a 100% lie and she also claims that am a self-admitted les STG-which is a 100% lie. le which is a 100% lie. hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if hove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see
safeguards outlined in DENIED. Offender red Offender is self-admitted find evidence to substance. R. Hughes CC1	iew of all available information and a compliance check of the due process DR504, this Grievance Officer recommends the offenders grievance be be seived a lesser than maximum penalty for the violation. Per Intelligence Unit sed o being an INSANE GANGSTER DISCIPLE. This Grievance Officer failed to antiate offender's claim of Staff Misconduct. (CONTINUED) It Grievance Officer's Name (Attach a copy of Offender's Grievance, Including coenselor's response if applicable)
	Chief Administrative Officer's Response
Date Received: 10	2520 I concur Remand
Action Taken:	RECEIVED
į	MAR 0 1 2021
	ADMINISTRATIVE (02520 All Modern Signature REVIEW BOARD Date
	Offender's Appeal To The Director
I am appealing the Chief Admin Administrative Officer's decision of the original grievance, including	istrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief is trative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief is tracked by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy is the counselor's response if applicable, and any pertinent documents.)
	Offender's Signature ID# Date

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

_*Offender 360-Time _*Per Intelligence.⊍ni INSANE GANGSTE	e History: Offender was restored to A grade on 10/20/2020. Adjustments: Revocation of 3 months denied by Springfield. t_Sir_during_McGraws_intake_interview.on-09/17/2019 he (McGraw) self-admitted to being an R DISCIPLE. McGraw also self-admitted to holding rank as GENERAL prior to incarceration. McGrais right hand "FBG" (fly boy gang) which is indicative to the GANGSTER DISCIPLES STG.
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Recommendation CC	ONTINUED- The Intelligence Unit is addressing offender's safety concerns.
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DOC 0047 (Rev. 3/2019)

SHIP CASE S.21"C	V°00800-SMY-RJD Docume	EPARTMENT OF CORRECTIONS 21	e 11 of 59 Rage ID #428 B
ate:	Offender (please print):	Frender's Grievance Of State	Race (optional):
1 4 20	JEST MCG-raw	Facility where grievano	ce issue occurred:
resent Facility:	whee C. C	Shawnee	Cic
ature of grievance		and the state of t	E-ADA-Disability-Accommodation
Personal Pro	perty Mail Handlin	G HIPAA	Restoration of Sentence Credit
Staff Conduc			
Transfer Der	•		acceptional Center
☑ Disciplinary I	1 12te 01 1600L	•	lity where issued
	RECE	VED adiately via the local administration on the	niprive cive clist de la lus notification.
Note: Protective (CENTER JUN 15	2020 a Disciplinary Report, Search Rec	The five class of a base notification. ord, etc.) and place in the designated
complete: Attack	TREGINDER IN A COMMENT OF THE SHAWNER	E C.C.	rective class declars notification. ord, etc.) and place in the designated JUN 11 2020 review by the Administrative Review Board esplyed by Apuge RVICES untary administration of psychotropic drugs, wheel by the Chief Administrative Officer.
Counselor,	WWs23 ister involved involves discip	damage an emergency, or is subject to line at the present facility or issue not re	SOVED ENVICES
Grievance C Chief Admin	HIGH ONLY IN A SON THOUSE GENC	Y grievance	intary administration of psychotropic drugs, solved by the Chief Administrative Officer.
Mail to Addition	Instrative Review Board, only if the i	sonal property issues, or issues not res	ontany administration of positive officer. Solved by the Chief Administrative Officer. Spened, and the name or identifying information
Summary of Grievance	(Provide information including a description	of Miret make and a	
each person involved):	1.5. 1 206.1	I am emotionally no Me	stally being broken to
1 fear for	, hant know it will live	m see formorrow of was !	etonter say 6-5-20-
~ \ .	- a - \	and ticketi caughtin	seg. I sent several messey
atter doine			
	al i Stated" On tooka"	to show her how serious	i war. Shondale Gregary
also Known	11 Last 11 Control of 11 Control	riend who was Killedin	Frontot Me at The organi
15 in 201	- 15 1 1	traumatic incident i hav	c ptsd nd dipression net
			ب نته
Relief Requested:	ا الله الله الله	In the toweshing	C10 Day Ko# 9266 nd
hemove me Fre	on STG Throw my FI	a Gi intelligence and a	lease protect in from
see it she er	ver and it a tor a son i	7 1 50	1 ITA Lloce at showner
all danger a	rangewears, noops	Maro noe on A-grade F	or the inconvience
With I am to	-ansterceus to more gross		ive as irroparable barm to self.
Check only if this i	s an EMERGENCY grievance due to a sub	estantial risk of imminent personal injury or o	ther senous of interparation from to
Check if this is NO	T an emergency grievance.		6-9-20
Δ	If Wichaw	<u> 738458</u>	Date
0	(Confi	inue on reverse sicle if necessary)	
O-manlarie Rasi	oonse (if applicable) Date Recei		tly to Grievance Officer
Conusaior a Masi	Condition Administrative Re	view Board, PO Box 19277, Springfield, IL 6	2794-9277
	or this facility. Send to Transmission		
Response:		·	
	والمساورة والمسا		
		The state of the s	
Driv	it Counselor's Name	Sign Counselor's Nam	RECEIVED
[**ISI	of Counsolor of the counselor's response	, it is your responsibility to forward grievand	ce with counselor's response to the grievance of
	1 10	-20	
EMERGENCY REVIE			ADMINISTRATIVE REVIEW BOARD
Is this determined to I	be of an emergency nature:	• • • • • • • • • • • • • • • • • • •	
No, an emergend	by is not substantiated. Offender should su	brnit this grievance according to standard gr	A
<i>f</i>	Lista o la	101	6-15-20
الند جب	Chief Administrative Off	ficer's Signature	Date DOC 0046 (Rev. 01/
Distribution: Master File	•	Page 1 of 2	, -

ssign Gas evan 21 may 1,00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 42 to f 59 Page ID #423
St Evi reo: ILLINOIS DEPARTMENT OF CORRECTIONS 2nd Lvi 200 Control Con
take meds for it and also talk to mental health For it. On 6-8-20 OFFicer C. Dank
9266 Wrote me a disciplinary ticket For a 205 - Security Threat Group or
Unauthorized Organizational activity for a GTL message i sent to my cousin
to Insane Gangster Disciples STG Whichis a 100% lie and she als going
Claims that i am a self-admitted Insane Gangster Disciple Which is allie.
By something being indicative means it has to indicate something in which
my Destfriend & handale Gregory ation (Es also is not indicative to any gang or
Security Threat Group in any shope form or fashion what so ever also i am not
a Insane Gongster Disciple never have never will be one andiam willing to
take a lie detector test for all of this. The incident with my Friend being killed
can be proven and googled his name is. Shondale Gregory Killed on 63 rd not
st, lowrence in chicago, IL on a bus stop 2009-2000. I am constantly being picked on adsingled out by Intel here ad my life and mental health safety is constant
being put in Irporady. Its only I name that can be indicative to any Gangar
Scewitz threat aroup and that's thier former or past leader in which my bestireno
wis-never a gazy lender non-washer bolked upon as a gong chief. I state various names
of my dead Friends or family and none of them are indicatine to any Gang ar STG. When
i came down here i told and Intel sherrod; wasn't in any gang anymore not that i don't transbarg anymore. Even in my past when i did bary barg; was never a Insance
Crangster Disciple so for me to even be knowns one or lied on is crazy and degrading!
Mames that can be indicative to gargs are known world wide as for the Black
Mames that can be indicative to gargs are known world wide as for the Black Disciples is David Barksdale and "King David", as for the Gargstor Disciples it is
Larry Hoover, as for the Insane Gangster Visciples It is Ernest Wilson a Ka
Was never a chief or leader of any gang ride he was not even a Insure Grangston Disciple
before We died and all of this can be proven. I Do not belong to ANY Scentily Threat
5040 anymore 1 am in muslim may and my seemed attilization is not anorthe to
any more indicate in the second of the secon
any where! Uticerci Danko " table should Not work into it the dant ever less in
the history, lingo, or leaders of gangs not is Falsely accusing people of being indicative or participating in any STG activity. All of this can be proven by internets
tatel at cook country and an initiationalle a le detector Lest chan I Il
This + got want to pie or get Willed for anything in igil or a could
-1 m3 13 My Than Me M Inmediate of an all Millian by an about it Se Co
a misunderstanding and multiple lies that wasn't ever invostigated before disciplinary
- CETTARE - CETTAREAL

<u> </u>	•
	I am appealing the decision of Grievance
	# 2020-07-56 because ma flut grievance
	13 not a duplicate of Gravevance # 2020-0,6-69.
	They are trying to coverup this actions
	of wrong doing and racism. On Grievana # 2020-06-69
	Exhibit A and Bian grieving recieving the ticket
and the time of the second of	and the staff conduct of officer Danyo, and
and the second of the second o	Officer shorrod. On grievance # 2020-07-56;
	griwed the disciplinary action i was given for
	my ticket. as you can see on Exhibit 2 and 3
	its shows that Favoration was shown to another
<u> </u>	made for the exact same disciplings titlet. They
	Vivon this for a fact and refuse to musifigate the
	situation. Congre please look at this and help mes
	RECEIVED
	MAR 0 1 2021
	ADMINISTRATIVE
	REVIEW BOARD
<i>i</i>	

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offen	der: McGraw		Jeff			Y38458
		Last Name		First Name	MI	ID#
Facilit	y: Shawnee					
⊠ Gri	evance: Facility Gri	evance # (if applicable) 2020	<u>-06-96</u> D	ated: <u>6/12/2020</u>	or Correspondent	ce: Dated:
Receiv	red: 12/23/2020	Regarding: <u>Medical -</u>	Medical treatmer	ıt, nerve damange, right a	rm	
	Date				· · · · · · · · · · · · · · · · · · ·	
The at	tached grievance o	or correspondence is be	ing returned for	the following reasons:		
Additi	onal information	required:		***************************************		
	Provide your orig	jinal written Offender's G	Brievance, DOC	0046, including the cou	unselor's response, if ap	plicable.
		of the Response to Offen te, to appeal; if timely.	der's Grievance	, DOC 0047, including	the Grievance Officer's a	and Chief Administrative
	Provide dates wh	nen incidents occurred.				
	grievance or corn	nine nature of grievance respondence with the ad eview Board, Office of In	ditional informat	tion requested to:		
		· · · · · · · · · · · · · · · · · · ·				
Misdir		rastianal servasolar or Ci	ald Caminaa roo	ording this issue		
	·	rectional counselor or Fid ion of Statutory Sentence			the request is denied by	the facility utilize the
Ц		ce process outlined in De				the facility, utilize the
	Contact the Reco	ord Office with your requ	est or to provide	additional information.		
	Personal property Board.	y and medical issues are	e to be reviewed	at your current facility	prior to review by the Ad	Iministrative Review
	Address concerns	s in a letter to: Illinois P	risoner Review	Board, 319 E. Madison	St., Suite A, Springfield	, IL 62706
No form						
NO IUN	her redress: Award of Farned	Discretionary Sentence	Credit is a discr	etionary administrative	decision: therefore, this	issue will not be
	addressed further				,,	
	Administrative tra	nsfer denials are discret	ionary administ	rative decisions; therefo	ore, this issue will not be	addressed further.
	Not submitted in t	the timeframe outlined in	Department Ru	ıle 504; therefore, this i	ssue will not be address	ed further.
\boxtimes	Administrative Re issue will not be a	eview Board received the addressed further.	appeal 30 days	s past date of Chief Adr	ninistrative Officer's dec	ision; therefore, this
	This office previou	usly addressed this issue	e on			
\boxtimes	No justification pro	ovided for additional con				
Other (specify): <u>Grievance n</u>	ot in accordance with DR5	504F.			
Comple	ted by: <u>Travis Bay</u>	'ler Print Name		Fra M/	nature	2/4/2021 Date

Distribution: Offender Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE

	Grievance Officer's	Report	
Date Received: 06/29/2020	Date of Review: 10/21/	2020	Grievance # (optional): 2020-06-96
Offender: McGraw, Jeff			ID#: Y38458
Nature of Grievance:			
11. Medical			
E. Treatment		*	
22. Other			
Facts Reviewed:			t (1) lave
Grievant states: On 6-12-	-20i talked to NP Mary Peeks a g a conversation about my trea	and she was beir stment for my nei	ng assisted by nurse Jason rve damage in my right arm
due to a gunchat wound	$\Omega_{\rm n}$ 6-5-20 i talked to Mary Pe	eks about the sa	me thing and she stated my
modical records never car	me from John Strogen hospita ed to HCU to sign a release fo	i in Chicado II We	ere a received a emg merve
was pover called to sign t	he forms On 6-12-20 NP Mar	v Peeks came to	recieving and presented me
a modical form and states	t " oh it was lost nd Kim Johns	on found it". She	e never let me physically
norganal aninian is nuero	t wasn't fabricated. She stated ntins are dangerous so im not	aivin them to vol	<i>l"</i> `
Deliaf Doguacted: Investi	idate Nn Mary Peeks. Give me	proper medical	assistance, give me proper
treatment, I will like to be	compensated for inadequate r me a copy of all my medical re	cords. Please h	elp!! Put me back on
Cohanntin			
Reviewed: Response from	n HCUA Smoot- Per chart revi Peeks documented 5.5 pages	ew: Noted Onen related t her enc	ounter with Offender McGraw,
including review of old red	cords: NP Peeks documented t	that McGraw was	s agitated throughout the
assessment and even mo	ore so when she attempted to praw and discussing his refusal	orovide patient et of pain intervent	ducation; after reviewing past ions that were not
pharmaceutical NP Peek	's documented that she is not o	comfortable with	prescribing ivicGraw
Gabapentin due to " it ap	pears as though patient is only	interested in (C	CONTINUED)
Recommendation:	•	-3	The state of the s
Rased upon a total review	v of all available information, th	is Grievance Off	icer recommends the
offender's grievance be D intentions were patient ce	ENIED. Per HCUA Smoot: "I :	support NP Peek	d's decision, and trust that her
intentions were patient ce	THE Ed and Without blub.	٠	_
		•	
R. Hughes CC1		_ `	
	vance Officer's Name attach a copy of Offender's Grievance, including	counselor's response if ap	bvance Officer's Signature plicable)
	Chief Administrative Offic	er's Response	·
Date Received: 10 25		☐ I do not concur	Remand
Action Taken:			
		RECEIV	
•	·	DEC 2 3 20	• •
	<i>(</i>)	ADMINISTR REVIEW BO	
	Al or O has	1981	102520
	Chief Administrative Officer's Signature		. Date
	Offender's Appeal To T	he Director	
Administrative Officer's decision, he re-	e Officer's decision to the Director. I understa ceived by the Administrative Review Board, P ounselor's response if applicable, and any pertine	O. Box 19277, Springing	nin 30 days after the date of the Chief ld, IL 62794-9277. (Attach a complete copy
M M		Vaouro	11-04 AX
Sett MCYAg	ender's Signature	125730 ID#	Date Date

DOC 0047 (Rev. 3/2019)

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

getting Gabapentin". I s	support NP Peek's decision, and trust that her intentions were patient centered and withou	ıt bias.
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Distribution: Master File; Offender

Case	3:21-cv-	00 800-SMY 020-00	_	S DEPARTMENT	FILED U1/20/4/2 ~ OF CORRECTIONS	Page 4	100	Page ID #428 Lvl roc:
Date:	^ -	Offender (pl	ease print):	Offender's C	ID #			Race (optional):
6=12-	30 ·	Jeff !	McG-raw		7384s			151-ACK
Present Fac		whee	5.		Facility where grie		sue occurre	ed:
Nature of gr								:
Perso	onal Prope	rty	☐ Mail Handl	ing 🔽 M	edical Treatment	□ A	DA Disabili	ity Accommodation
☐ Staff	Conduct		Dietary	Пн	IPAA	R	estoration	of Sentence Credit
☐ Tráns	sfer Denial	by Facility	Other (spec					e Diliberate
Disci	plinary Rep	oort	Date of source	Frydyffe	meer Parsan	Facility who		
Grieve Chief Mail to issue Summary of Greach person involved Constitution (Constitution)	vance Office f Administration of Administration	er, only if the issing EVANCE radio Review Information in the Information in Information in the Information in Information	SUPAISON'S discipated in the discipation of the dis	pine at the pre- issue involves resonal property on of what happe Ksoy, U Ksoy, U Le dam Lalke Lalke Lical Tec	VED NONAL CENTERTION of Interpretation of Interpretation or is subject to protective custody, interpretation of Interpr	on the profile conditions to review of resolved I happened, QUAGE CANAGE CANAGE CONTROL CONTR	tective custon to and place of the Court and the name of the Court arm of	in of psychotropic drugs, Administrative Officer. or identifying information for Sbing Oxing Lyng
Diliber	ed: whe Nip must, Ae indis edical	I WILL	live to he	Comne	1 . 0	me a	whe m	of all
Check only	if this is an El	JERGENCY griev	vance due to a subs	tantial risk of Imn	ninent personal injury or	other serio	us or irreparal	ole harm to self.
	Offe NOT an en	nergency grievan ender's Signatui	ce. e ςς ζουτίη ςς ζουτάτε	ne ou contro	V38458 ID# side if hecksary) Life Fig. 36 m Send direct	e perso	_6. saplea	-12-20 Date K help!
Outside jurisi Response: DR 50	diction of this	facility. Send to:	ı	V LA	x 19277, Springfield, IL 6 Jue to r Jrievane	10t e=#	follo =2020	Wing -05-1560
	Frint Cours	AIIAng	<u> </u>		ign Counselor's Name	- Cs	75	6/26/20 Date
Note to offender			selor's response, it i	•	•		selor's respo	nse to the grievance officer.
EMERGENCY RI		Date Received:		······································		······································	REC	
Is this determined				<u>~</u>			Ut	C 2 3 2020
<u> </u>		. 4	1	this grievance a	occording to standard grie	evance pro	A 57 A 4.	
		and the state of t	KUa	Ckr.	, ,		(0, 1/7) Date	. 2-0
Distribution: Master	File; Offender	Chief Adn	ninistrative Officer	's Signature Page 1 of 2	· .		- C. 13	DÓC 0046 (Rev. 01/2020)

Case 3:21-cv-00800-SMY-l	RJD Document 37-2	2 Filed 01/20/22 F	Page 48 of 59 Page ID #429	
ssigned Gnevance withstitution.	ILLINOIS DEPARTMENT	OF CORRECTIONS	2nd Lyl rec:	
My Medical Mords.	Offender's C	alled to sign	the forms. On 6:10	426
No Mary Peeks came	to recieving	L'in Sohnson fo	and if She never	
Jet me physically ex She stated "I see you nevotins are dangerous s	LUICE TO A TAKE	roths but mm	DECEMBER OF MICH II	
A. Now Lice: sugnose to do	about navi ave	1 1 West 1011 Was 14		
it will get better in the	me its nothing	1 cay a0 1 1 MD	1) WITTOWIC AND	<u>10, c</u>
But retwes to give me	pain ancar	A Once again	on my arm and hard	
11. Line So wat Bolles to	lan' coriohe is	TENTMONT IS S	rious was she re rollow	Ш
his protocal interest a	Opinion Her	teering "thuy	are dangerous about	—
mean shouldn't rec	ieve proput tre	Not Ment! I su	OUTON DE THY UNL 10	
determine if the side of what they were. Is	hould recience	roper treatmen	A like wybody else.	
She also stated " I don	t give out nurot!	18 80 1 to 0 to	ger people Suffering	
because of he personal a	pinion of a me	diention and d	-hats Not right.	
please help Innediated				
This alot a duplical	te this as q i	whole new	ncident with	
the same neron. F		4504,810 gu	idelines. @	
V°		0		
	Sur-manustrus.			 .
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				<u> </u>
		•		

stribution: Master File; Offender

Neurology Outpt * Final Report *

MCGRAW, JEFF - 004278201c

HTN

Bipolar disorder

Family History:

Unable to obtain.

Procedure history:

No active procedure history items have been selected or recorded., Kidney stone and bullet fragment removal in 2014

Social History

Tobacco: not smoked in 3years due to incarcation

Alcohol: previous social drinker

Illicits: previous marijuana and ecstasy use

Currently incarcerated.

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DEC 2 3 2020 ADMINISTRATIVE REVIEW BOARD

Physical Examination

Constitutional: Vital Signs

10/15/2018 13:02 CDT

Temperature Oral

Heart Rate

Respiratory Rate

Systolic Blood Pressure

Diastolic Blood Pressure

97.6 DegF

82 bpm

18 breaths/min

170 mmHg >HHi

87 mmHg

General: Alert and oriented, No acute distress.

Eyes: Ophthalmoscopic examination of discs and posterior segments normal.

Musculoskeletal: See neurology section for motor and gait exam.

Neurologic: Discs sharp bilaterally

MS: awake, oriented to person, place and time, nl language and comprehension, nl recall and

attention

CN: PERRL, EOMI, nl facial strength and sensation, nl hearing to finger rub, sym palate elevation, no

tongue deviation

Motor: 5/5 throughout with exception to R. interossei, nl tone, no abn movements

DTR: 2+ throughout with exception to triceps which were 1+ bilaterally, downgoing toes

Sensation: nl sensation to LT, diminished sensation to PP in digits 41/2 and 5.

Coord: no dysmetria on ftn or hts, nl RAM

Gait: nl casual and tandem gait.

Impression and Plan

Impression: Patient is a 24yoM HTN and GSW 5 years ago with residual RUE numbness. Patient describing worsening symptoms of pain and burning. Paitents symptoms are likely residual from known C8 traumatic radiculopathy. However, given patients description of worsening symptoms, would like EMG/NCS to evaluate for additional ulnar neuropathy. Described that it takes time for nerve injury to heal and that symptoms could be persistent, particularly given chronicity of his injury. Described medication options including gabapentin which patinet states that he remembers trying with some improvement as well as lidocaine patches and ointment.

Recommend the following:

-Can consider addition of medication for patinets burning pain including gabapentin 100mg TID vs. lidocaine patch or

Printed by:

SMITH, MONICA

Printed on:

01/23/2020 10:00 CST

Page 3 of 4

Neurology Outpt

* Final Report *

MCGRAW, JEFF - 004278201c

lidocaine topical ointment

- -EMG/NCS to evaluate for additional nerve injury
- -Patient was given my office number and advised to call with any additional questions or worsening symptoms. For emergency situations, patient was advised to call 911 and/or present to the ER immediately.
- -Discussed above with patient. Patient verbalized understanding.
- -Followup with PCP.

Diagnosis

Radiculopathy affecting upper extremity: ICD10-CM M54.10, Discharge DX, Medical.

Signature Line

Electronically Authored On: 15-Oct-18 13:34

Electronically Signed By: WARRIOR MD, LAKSHMI

PAGER BUS: 312 400 4556

Completed Action List:

- * Perform by WARRIOR MD, LAKSHMI on October 15, 2018 13:27 CDT
- * Modify by WARRIOR MD, LAKSHMI on October 15, 2018 13:34 CDT
- * Sign by WARRIOR MD, LAKSHMI on October 15, 2018 13:34 CDT
- * VERIFY by WARRIOR MD, LAKSHMI on October 15, 2018 13:34 CUT

4.00分分分分

Printed by:

SMITH, MONICA

Printed on:

01/23/2020 10:00 CST

Page 4 of 4

OCTOBER 29, 2020

TO: ADMINISTRATILUE REVIEW BOARD:

ENCLOSED FOR TOUR REVIEW IS THE GRIEVANCE OFFICEDOS

PESPONSE AND MEDICAL REPORT ELECTRONICALLY SIGNED BY:

WARRIOR MD, LAKSHMI DEDERZING THAT I BE PLACED ON GABAPERTIN

100 MG, WHICH I WAS ON UNTIL MY ARRIVAL AT SHAWNEE

CORRECTIONAL CENTER. DUCE I ARRIVED AT SHAWNEE, NURSE

PRACTICAER MANY PEEKS REFUSED TO PRESCRIBED GABAPERIN

OR AN ADDITIONAL MEDICATION FOR MY CONTINUING PAIN.

respect fully,

JEFF MC GRAW # Y38458

RECEIVED

DEC 2 3 2020

ADMINISTRATIVE

REVIEW BOARD

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 52 of 59 Page ID #433

J.B. Pritzker Governor



Rob Jeffreys Acting Director

The Illinois Department of Corrections

	1:	301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9	277 • (217) 558-2200 TDD: (800) 526-0844
Of	fender:	McGraw, Jeff	11/24/20
ID	#:	Y38458	Date
Fa	cility:	Shawnee	
a for is di	mal hear rect revie	conse to your grievance received on 6/19/2020. This officing. A review of the Grievance, Grievance Officer/CAO response to the w by the ARB, a review of the Grievance has been conducted. Egarding: Grievance dated: 5/21/2020. Grievance Number: 2	grievance has been conducted. For a grievance that
	Transfe	r denied by the Facility	
П			
П		al Property	
П		m/Publications	
		ment (job, cell)	
		ssary / Trust Fund	
Ш		ons (cell conditions, cleaning supplies, etc.)	
		nary Report: Dated: Incident #	
	Other	5/21/20 Medical treatment; wants to see the Doctor and get treatment	ent for his nerve damaged right arm
Based	d on a re	view of all available information, this office has determined your gr	rievance to be:
		d, Warden is advised to Denied as a written response of corrective action to this office by DR525.	s the facility is following the procedures outlined in
	Denied,	in accordance with DR504F, this is an administrative 420 for re	s procedures were followed in accordance with DR moval/denial of an offender from/for an assignment.
	Denied,	this office finds the issue was appropriately process in ed by the facility Administration.	s this office finds no violation of the offender's due naccordance with DR504.80 and DR504.30. This easonably satisfied the offender committed the ted in the report.
	Other:	The Provider has the discretion on what medication order, tests or ref	
see	en, and f	urther evaluation requested. Offender is to follow regular sick call p	rotocol for further medical need. Moot.
FOR	THE BOA	ARD: CONCURRED: KUFORIJI, ADEWALE Administrative Review Board	Rob Jeffreys Acting Director
	Warden, McGraw		

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 53 of 592 Rage ID #434

RESPONSE TO OFFENDER'S GRIEVANCE

p. fl. d.	Grievance Officer's F	Report			
Date Received: 05/26/2020	Date of Review: 06/02/20	020 Griev	rance # (optional): 202005156E		
Offender: Jeff McGraw		ID#	Y38458		
Nature of Grievance:	¥				
11. Medical					
E. Treatment		1			
Offender wants to be se	en and evaluated for medication a	and physical therapy			
Facts Reviewed:		georgia de la respector de la massa constituir de montre prime massa de la representativa de la Trica Symbol d La representativa de la representativa de la representación de la representación de la compositiva de la representación de la repres			
Grievant states: On 4-30 and 5-9-20 I saw nurse Robin for NSC regarding the nerve damage in my right arm, from a gun shot wound. She said I would see a Dr or NP in 72 hours and I still haven't. I have put in multiple NSC requests which have been ignored. I need put back on my gabapertin or neurotins because I have sever nerve damage. Dr. Drew said he has talked to Dr. David and the NP about my problems and I still haven't received and medical attention.					
Relief Requested: Giver	n proper medical treatment, medic	ation and physical th	nerapy.		
and at that time, Nurse I book; on 5/06, Offender pain/discomfort to arm; to previous mention of med LPN for Seg NSC, treatr This writer has requeste and a Provider review.	om HCUA Smoot: Per chart review Robin failed to complete a treatment was seen on NSC for signs/sympos/12, the NP reviewed Offender's dication requested for arm pain, at ment protocol not completed, and d Offender McGraw be seen againss History: Offender has over 50 page 15.	ent protocol or add Cotoms of UTI, but no medical file, noted noticed to request NS medical file flagged n for NSC, a treatme	offender to the 72hour complaints of treatment protocol or SC; 5/23, seen by Drew for Provider review. ent protocol completed,		
Recommendation: Based upon a total revieurievance be DENIED. I provided services.	ew of all available information, this The offender is being afforded <u>me</u>	Grievance Officer rontal health services	ecommends the and will continue to be		
é ·			\cap		
Kim Johnson	(9) 2	· H	KUNDU.		
	rievance Officer's Name	11	Officer's Signature		
	(Attach a copy of Offender's Grievance, including co	unselor's response if applicable			
	Chief Administrative Officer	's Response			
Date Received: 6-4	- 20 Concur	☐ I do not concur	Remand		
Action Taken:		RECEIVED			
		JUN 1 9 2020			
		ADMINISTRATIV			
	<i>A</i>	REVIEW BOARD	1/2		
	Chief Administrative Officer's Signature		0-4-20 Date		
	Offender's Appeal To Th	e Director	A CONTRACT OF THE PARTY OF THE		
Administrative Officer's decision be	tive Officer's decision to the Director. I understand received by the Administrative Review Board, P.C counselor's response if applicable, and any pertinent). Box 19277, Springheid, iL 62	ays after the date of the Chief 2794-9277. (Attach a complete copy		
soft M.	Offender's Signature	Y38458	6-10-20 Date		

Assigned Grievance #/Institution: Case 3:21-cv-00800-SMY-I		7-2 Filed 01/20/22 Page 5	4 of 59 Page ID #435
161 Lvi rec: 0/040-05-	Offen	der's Grievance	2nd Lyl rec.
Date: Offender (plant)	ease print):	1D#\138458	Race (optional):
Present Facility:	and the state of t	Facility where grievance	
Nature of grievance:			
Personal Property	☐ Mail Handling	Medical Treatment	ADA Disability Accommodation
Staff Conduct	Dietary	[] HIPAA	Restoration of Sentence Credit
Transfer Denial by Facility	☑ Other (specify):	Enadequate Medical	assistance
Disciplinary Report 5.	Date of report	Shawhee (where issued
Note: Protective Custody Denials ma	y be grieved immed	wia had gool administration on the p	rotective custody status notification.
Complete: Attach a copy of any pertine locked receptacle marked "grievance":	ent document (such as	a Disciplinary Report, Search Record, IAY 26 2020	, etc.) and place in the designated
Mail to Administrative Review I	Boa rd, only if the issue i ot medical and personal	nvolves protective custody, involuntar property issues, or issues not read ve	The strain of psychotropic drugs the chief Administrative Officer.
		Irse Robin saw me for	
I still havent seen or	ne i will see a	doctor or nurse praced of medical assis	tance isn't important.
	1	Ils everysince i got	to shawnee not
was seen once by a Dr			
county. That's been alm	ost 6 Months V	a still viguent upan	Continued on revers
Relief Requested: Please give me großer men Herapy before my pro	lical treatment blem get wor	including proper meds se please	, and physical
7			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Check only if this is an EMERGENCY griev	vance due to a substantial r	isk of imminent personal injury or other se	rious or irreparable harm to self.
Check if this is NOT an emergency grievand	ce.	Y38458	5-21-20
() Diffender's Signatur		everse side if necessary)	Date
Counselor's Response (if applicable)			Grievance Officer
Outside jurisdiction of this facility. Send to: //		oraș (d. cita especial imposate de decima parent	
Print Counselor's Name	ALL HAMPS AND A STATE OF THE ST	Sign Counselor's Name	Date
Note to offender: If you disagree with the couns	selor's response, it is your n	esponsibility to forward grievance with co	ounselor's response to the grievance officer
EMERGENCY REVIEW: Date Received:	5-26	. (2)	HIN 1 Q 2020
s this determined to be of an emergency nature			JUN 1 9 2020
Yes, expedite emergency grievance No, an emergency is not substantiated. Offer	ender should submit this gri		NDMINISTRATIVE
KIM	l.Res		5-26-20
Chief Adm Distribution: Master File; Offender	ninistrative Officer's Sign Pa	ature ge 1 of 2	Date DOC 0046 (Rev. 01/2020)

.ssigned െ ഒരെ പ്രോഗ് പ്രാഗ-00800-SMY-RJD Document 37-2 Filed 01/20/2മയ Rage 55 of 59 Page 12 #436

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 56 of 59 Page ID #437

J.B. Pritzker Governor



Rob Jeffreys Acting Director

The Illinois Department of Corrections

400	4204 Conservice Court D.O. Doy 10277 - Springfield II 62704 0277 - (247) 559 2200 TDD	(800) 526-0844
Off	1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: fender:	11-2-70
	Vague	Date
ID#	Classing	
Fac	is in response to your grievance received on 4-27-70. This office has determined the issue w	
a fori	mal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducter	Il be addressed without d. For a grievance that
is dir	rect review by the ARB, a review of the Grievance has been conducted. r issue regarding: Grievance dated: 2-17-20 Grievance Number: 20200211 Griev Loc:	Shawnee
Your	r issue regarding: Grievance dated: Grievance Number Grievance Number.	
	Transfer denied by the Facility	
	Dietary	· · · · · · · · · · · · · · · · · · ·
	Personal Property	
	Mailroom/Publications	
	Assignment (job, cell)	
	Commissary / Trust Fund	
	Conditions (cell conditions, cleaning supplies, etc.)	
	Disciplinary Report: Dated: Incident #	
	Other Mental Health - Medication	
Based	d on a review of all available information, this office has determined your grievance to be:	
	Affirmed, Warden is advised to provide a written response of corrective action to this office by DR525.	cedures outlined in
	Denied, in accordance with DR504F, this is an administrative	
	decision. Denied, this office finds the issue was appropriately addressed by the facility Administration. Denied as this office finds no violation of process in accordance with DR504.80 a office is reasonably satisfied the offender	nd DR504.30. This
☑ ⁄	Other: Medication wescribed is at the	discretion
0	f Mental Health Professional offender	needs
to	I seek mental health for avising concerns	in itenied
FOR	R THE BOARD: KUFORIJI, ADEWALE Administrative Review Board CONCURRED: KUFORIJI, ADEWALE Administrative Review Board	eys pedw
CC:	Warden, Correctional Center	
-	, ID#	

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 57 of 59 Page ID #438
ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

1972 V V	1 Colours C	Sie ale Deport	
		Officer's Report	2020024405
Date Received: 02/20/2020	Date of Review:	03/24/2020	Grievance # (optional): 202002119E
Offender: Jeff McGraw			ID#: \(\frac{\text{Y38458}}{}
Nature of Grievance:		2000	
11. Medical		w.	
C. Medication Wants to continue taking	g effexor 150mg twice a d	av ,	
Walles to Collinae taking	g eliekoi roomig tarioo a a.	шу.	
Facts Reviewed:	AND ADDRESS OF THE PARTY OF THE	B EMPERIOR & ADMINISTRATE ON THE CONTROL AND T	Management of the second of th
Grievant states: I got to	Shawnee on 9-7-19 and I	was taking psych m	neds. I talked to the psych doctor
and was told IDOC does	รท't give affexor and เกลเ เ meds first. I informed her I	have tried other me	of it. She told me to stay on it I eds and had bad side effects and
I told her I have serious	depression disorder. The	last time I seen the	doctor was at the end of January
25 or 30th and she chan	nged my meds without eve	n informing me.	
Relief Requested: Put b	ack on my original medica	ition which is 300mg	g effexor, 150mg twice per day. If
not send me to a institut	tion that can accomodate r	my psych needs plea	ase. ental health records show he
was seen by the psychia	atric provider, per protocol,	, and the conversati	on as to medication changes
and the reasons for the	change were discussed be	etween Mr. McGraw	and the psychiatric provider
during the appointments	s. It is at the discretion of the escribed. Formulary and n	ne psychiatric provid on-formulary policie	der as to which medication is and directions towards
psychiatric providers wo	uld be the same at other I	DOC facilities. After	a review of his mental
health records, the MHP	and Psychiatric document	itation demonstrates	s appropriate clinical direction een and will continue to be
provided with mental hea	alth services, in accordance	ce to the Administrat	tive Directives and Standard
Operating Procedural Ma	anual for the Office of Mer	ntal Health Services	in the Illinois Department of
Corrections.			
Recommendation:			Office and the control of the contro
Based upon a total revieurievance be DENIED. 7	ew of all available informati The offender is being affor	ion, this Grievance o ded mental health s	ervices and will continue to be
provided services.	1.0	,	
		: ()	\setminus \cap
	e ·		
Kim Johnson Print Gr	rievance Officer's Name		On USO S gnature
	(Attach a copy of Offender's Grievance, in	ncluding counselor's response	
	Chief Administrativ	e Officer's Response	
Date Received:	☐ I concur	· □ I do not cor	ncur Remand
Action Taken:	L T COTICUI		
Action rancii.			RECEIVED
			APR 27 2020
			ADMINISTRATIVE
	. D		REVIEW BOARD
	Chief Administrative Officer's Signatur		3-31-28 Date
		al To The Director	- Danie
L			
Administrative Officer's decision, be a	received by the Administrative Review	Board, P.O. Box 19277, Sprin	within 30 days after the date of the Chief agfield, IL 62794-9277. (Attach a complete copy
of the original grievance, including the o	counselor's response if applicable, and an	y pertinent documents.)	*
1 DIM OS	i i	458458	4 11-22
Jeff MC 4 0	Offender's Signature	ID#	Date

DOC 0047 (Rev. 3/2019)

Assigned Grievance #/institution: Case 3:21-cv-00800-SMY-RJD Document 37-2 F	Filed 01/20/22 Page	e 58 of 59 Page ID #439
1st LvI rech	Grievance / [2nd Lvl rec:
Date: 17-20 Offender (please print): Jeff McGraw	ID#: Y38458	Race (optional):
Present Facility: Shawner Correctional Center	Facility where grievand	rectional Center
Nature of grievance:	o maner con	, corrown t can to
	ledical Treatment	ADA Disability Accommodation
	IPAA [Restoration of Sentence Credit
Transfer Denial by Facility Other (specify):		SHAWNEEGGEVED
Disciplinary Report	CELVERY	SECTIONAL CENTER
Date of report	R 0 2 2020 Facili	ty where issued 20 2020
Note: Protective Custody Denials may be grieved immediately via the	local administration on the	e projective CANGE status optification.
locked receptacle marked "grievance":	in the second se	na, etc.) and place in the accignated
Counselor, unless the issue involves discipline, is deemed an er Grievance Officer, only if the issue involves discipline at the pre Chief Administrative Officer, only if EMERGENCY grievance Mail to Administrative Review Board, only if the issue involves	sent facility or issue not res protective custody, involun	solved by Counselor itary administration of psychotropic drugs,
issues from another facility except medical and personal property Summary of Grievance (Provide information including a description of what happe		
each person involved): I got here to shawnee 9-17-19 iv	which i wa	s taking pusch meds
when talked tomy pysch doctor i we	is told that ido	c doesn't give
people affexor (ANTI DEPMESSANT) and the		
She also told he it I wonted to stay on it	will have to f	the mark of Carl
meas and see it they work. I told her th		The meds allered by
and the sign affects were 2 sewe and the		
that i have avery severe deperession disorc	der and taking of	Fmy Original will be V Continued on reverse
Relief Requested: Please put mee back on my original medic 15 Dmg in the morning and 150 mg at night. I	ation which is Frot sending to	300 mg of affector a Institution that can
accomodate my poster pasch needs please		
Check only if this is an EMERGENCY grievance due to a substantial risk of imi	minent personal injury or other	serious or irreparable harm to self.
Check if this is NOT an emergency grievance.	201100	0 10 02
Sell McYoaw Y.	38458 - ID#	2-11-20
(Continue on reverse		Bate
Counselor's Response (if applicable) Date Received:		to Grievance Officer
Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Bo		
Response:		
		RECEIVED
		APR 2 7 2020
		ADMINISTRATIVE
		REVIEW BOARD
Print Counselor's Name	Sign Counselor's Name	Date
Note to offender: If you disagree with the counselor's response, it is your responsi	bility to forward grievance wit	h counselor's response to the grievance officer.
EMERGENCY REVIEW: Date Received: 3.2.20		
Is this determined to be of an emergency nature:		
Yes, expedite emergency grievance No, an emergency is not substantiated. Offender should submit this grievance	according to standard grievand	ce procedure
	20 E	
Chief Administrative Officer's Signature		3 · 2 - 2 O
Distribution: Master File; Offender Chief Administrative Officer's Signature Page 1 of 2	ž	DOC 0046 (Rev. 01/2020)

Case 3:21-cv-00800-SMY-RJD Document 37-2 Filed 01/20/22 Page 59 9 age ID #440 74
ILLINOIS DEPARTMENT OF CORRECTIONS
1 St Lylrec: Offender's Grievance A problem and that; have been taking affector since 2017 and that my
halfer now since i on reconve 325 mg
my deportession and be havior is gettin worse, I tear something bad might
Man Jan 12 100 Mar 1 Man
medication is botherno me mentally na emotionally. and i know my behavior
and departs on will only get worse. The last time iseen the doctoring
at the end of junyory apro 25-30 and she changed my Meds again without
ever intorningme!